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DD <del>/ (IP) / WS /</del> To Inspect Vehic	TP RES / OD F	UES / EV A	LIENVIMVIC		Insured: _	SH	D GABB
at Workshop m/	s	Prec	ise Auto		Tel:_	ट्याउ	7367
of		31k 1	Kaki Buki	r HVV 6	* 01-3k		
				Claim No:	metri	161162.	
				Excess:		n o s	F105408C
Make of Veh						Fr.A.W *****	
(Client's Record)  CA / REV /  Date/Time:	rep. / rev 2 2 <u>06006</u>	HRS W	ψ erson Contacted	Anre	V	H.O.D. Ed	dorsement:
Date/Time	Action/Instruct	ion (	K) Estima	Ţ <u></u>			
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RECEIVED 1 5 MAY 2018.

# Catherine Chong (LKK Auto)

From:

Hsiao Tong (LKKAuto) <chewht@lkkauto.com>

Sent:

Monday, 14 May, 2018 2:59 PM

To:

Joel Nah Shern Ern

Cc:

Manivel Priyadarshini; Pooi Chin Han Daniel; Mekavathanan Sarangapani; Olivia Lau

(LKKAuto); assignments; SUR

Subject:

RE: OUR REF: MCT17061162 (NEO CHOON SENG) \*LKK REF: CS3/III17012333/Ubm2

Hi Joel,

Noted with thanks.

Hi Team Assign/SUR,

EYNA, C\$3/III17012333/Ubm2

Best Regards,

Hsiao Tong, Chew | Case Handler LKK Auto Consultants Pte Ltd

Phone: 6742-3197 | email: <a href="mailto:chewht@lkkauto.com">chewht@lkkauto.com</a> | fax: 6741-4108 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Joel Nah Shern Ern [mailto:JoelNah@iii.com.sg]

Sent: Monday, 14 May 2018 2:45 PM

To: Olivia Lau (LKKAuto) <olivialau@lkkauto.com>; Hsiao Tong (LKKAuto) <chewht@lkkauto.com>

Cc: Manivel Priyadarshini <manivel@iii.com.sg>; Pooi Chin Han Daniel <danielpooi@iii.com.sg>; Mekavathanan

Sarangapani <mekavathanan@iii.com.sg>

Subject: RE: OUR REF: MCT17061162 (NEO CHOON SENG)

Dear All,

Rights have been granted for this LOD.

Joel Nah

Motor Claims Department
India International Insurance Pte Ltd

64 Cecil Street #04-02 IOB Building

Singapore 049711

Tel: 6347 6100 Ext 206 Fax: 6224 4174

From: Mekavathanan Sarangapani Sent: Monday, 14 May, 2018 2:31 PM

To: Olivia Lau (olivialau@lkkauto.com) <oli>olivialau@lkkauto.com>

Cc: Joel Nah Shern Ern < JoelNah@iii.com.sg>; Manivel Priyadarshini < manivel@iii.com.sg>; Pooi Chin Han Daniel

<danielpooi@iii.com.sg>

Subject: FW: OUR REF: MCT17061162 (NEO CHOON SENG)

Costs of repairs submitted for S\$22K

Please do up a paper survey.

Priya - TPPD and TPI claim submitted for this case,.

Meka

LNN AUTO CONSUITANTS FIE LIU (Co.Reg.No:199607198R) 51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com;assignments@lkkauto.com

# VEHICLE DAMAGE INSPECTION REPORT

Our File No: Date:

Engine No:

Chassis No:

Odometer:

**ERENCE** 

of Loss:

lling Insurer: nant Vehicle No:

India International Insurance Pte Ltd

SJT589U

22/06/2017

Policy No:

Insured Vehicle No: Nature of Claim:

**CRIPTION & IDENTIFICATION OF VEHICLE** 

No: 3 & Model:

Date:

SJT589U

KIA CERATO FORTE, 1.6 EX (A)

22/09/2009 (Man. Year: 2009)

Blue

ne Capacity:

1591 cc

et Value/New Car Price:

insured (S\$):

Market Value/New Car Price

**DITION OF VEHICLE AT THE TIME OF SURVEY** 

eral Condition:

Good

Steering (Serviceable):

Yes No

Footbrak

Ibrake (Serviceable):

Yes

Engine Modification:

Pre-accid

**DITION OF TYRES** 

t Tyre Size: t Left Side:

205/55 R16

Kenda 6 mm

Rear Tyre Size: Rear Left Side:

! Right Side:

Kenda 6 mm

Rear Right Side:

hove values represent the remaining tyre treads depth

INOTALVALLE	licirs	Louiser
\$	0.00	0.00
ellaneous Items	0.00	0.00
ur	0.00	0.00
work Labour		0.00
THE SAME AND ADDRESS OF THE SAME ADDRESS OF THE SAME AND ADDRESS OF THE SAME ADDRE	. 0.00	0.00

Best Regards,

Mekavathanan

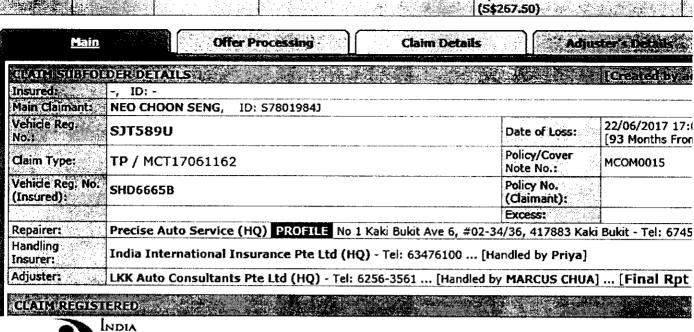
HOD

**Motor Claims Department** 

India International Insurance Pte Ltd

64 Cecil Street, #04/#05 IOB Building, Singapore 049711

DID: 6347 6105 Fax: 6224 4174





From: Andrew Lim

Sent: Monday, May 07, 2018 4:43 PM

To: Mekavathanan Sarangapani < mekavathanan@iii.com.sg >

Subject: OUR REF: MCT17061162 (NEO CHOON SENG)

ASSESSMENT ON LIABILITY: Last vehicle in chain collision. No prior collision.

TPD + TPI claim together.

# **INSURED'S SKETCH PLAN & ACCIDENT STATEMENT**

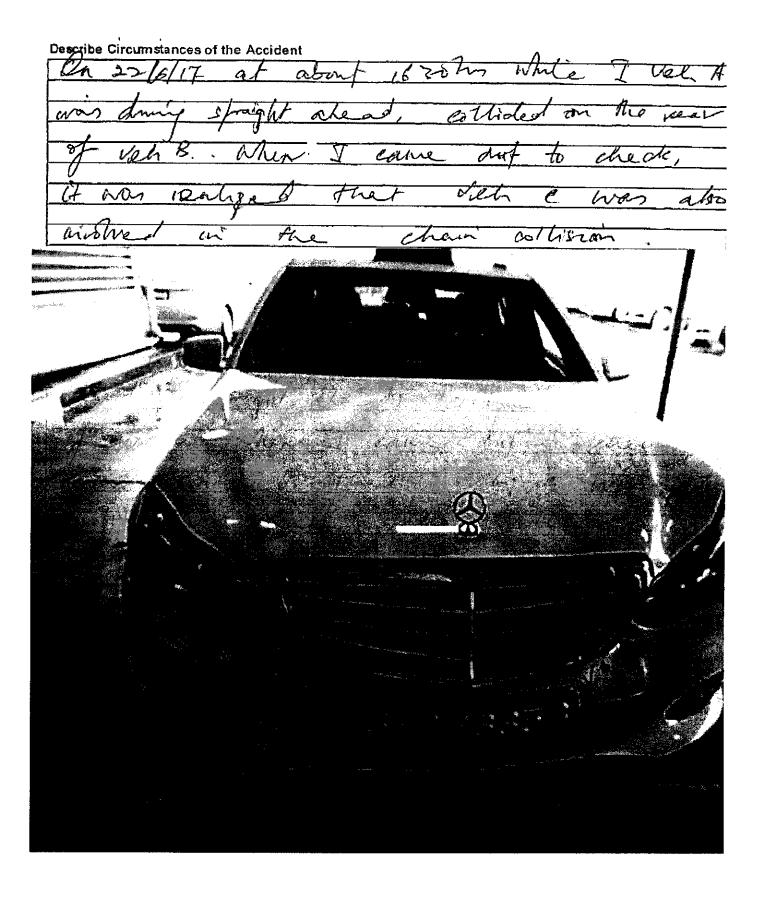
Sketch Plan

Up Dn PqUp PqDn F4=Exit

A) SITS894 C) SKC20345

PIE (Airport) B4 Bedok Reservoir Bect

AKBRED





Kindly note that by submitting this claim to us, you are deemed to have agreed to us collecting, using, disclosing and processing your personal data, sharing your personal data with our service providers (located both inside and outside Singapore) and/or with other insurers in the general insurance industry, including the General Insurance Association of Singapore. This enables us to ensure proper processing, handling and/or dealing with your claim, which includes investigating the said claim, and complying with applicable laws. If you do not agree to the same, kindly let us know immediately.

#### DISCLAIMER:

This email is intended solely for the person to whom it has been addressed. It may contain confidential and/or legally privileged information.

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Therefore, we do not accept liability for any errors or omissions in the content of this message or any delay in delivery which may arise as a result of Internet transmission or any modification.

Print this email only if it is absolutely necessary and help in preservation of environment. India International Insurance Pte Ltd.

Registration No. 198703792-K

No	Subject Matter	Current	Revised	Remarks
1	Reserves			
	TPPD	PRESERVE	)	
	ТРРІ	PRESERVE		
	LPPN			
	Investigation Fees			
	Survey Fees			
	Legal Fees		CLAIM NO.	MCT 150 C 16 - 4
	Others		DATE OF ACCIDENT	MCT 170 6162/ 22/06/12/06/12/06/2014
2	Fraud Check		LOD FROM  FAX  INSURED VEHICLE	PIAZ LCC  YES/PATE: 23/04/
3	Upload to merimen		TYPE OF CLAIMANT	ORIVED / PASSENGER(IV) / PASSENGER (TP) / RIDER / PILLION / CYCLIST / PEDESTRAI / COMPANY / OWNER
4	Grant Rights		SJ758 YPE OF CLAIM	110.
5	Payment		ASE TYPE	DC / PC / NC / REOPEN YES / DATE:
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			HTS GRANTED	NOT NEEDED !
			RIMEN COMPLETED	YES / DATE:

\*\*\* FAX TX REPORT \*\*\*

#### TRANSMISSION OK

JOB NO.

0481

DESTINATION ADDRESS

965340220

SUBADDRESS

DESTINATION ID ST. TIME

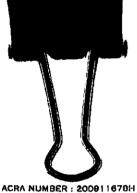
23/04 15:31

TY/RY TIME

00' 21

PGS. RESULT 1 OK

23 MOTCLIVI. DEFT.



ADVOCATES AND SOLICIT COMMISSIONER FOR OATHS

PDX Intercompany Exchange Pte Ltd



PDX Box

200911678H RATION NUMB

Your Reference: Our Reference:

Your Insured (SHD 6665B)

RA.509846.L(E)

RIAZ QAYYUM (DIRECTOR)

FROM PI

16 April 2018

TAN KOK SIANG (LLB HONS) LON (ASSOCIATE)

india international insurance Pte Ltd 64 Cecil Street #04/#05 IOB Building

(ASSOCIATE)

Singapore 049711 **Attention: Motor Claim Department**  MUHD BAHMOX #88490 RAHIM (LLB HONS) LEEDS (ASSOCIATE)

ABDUL HALIM BIN ROSALAN (LLB HONS) UTAS

WITHOUT PREJUDICE

Dear Sirs.

# ACCIDENT INVOLVING MOTOR VEHICLES SJT 589U AND SHD 6665B ON 22 JUNE 2017 ALONG PIE TOWARDS CHANGI AIRPORT

We act for NEO CHOON SENG, the owner & driver of motor vehicle SJT 589U involved in the captioned accident.

We are Instructed by the abovenamed to claim damages against you in connection with the road traffic accident involving motor vehicle no. SJT 589U AND SHD 6665B ON 22 JUNE 2017 ALONG PIE TOWARDS CHANGI AIRPORT.

We are instructed that the accident was caused by your negligence in driving and/or management of your vehicle. As a result of the accident, our client suffered personal injuries. His injuries are set out in the medical report[s] annexed hereto. He has been put to loss and expense, particulars of which are as follows;

We quantify our client's claim as follows:-

**General Damages** a. Pain & Suffering

We are in receipt of your letter, which is receiving our attaction. We shall revert shortly. Kindly note that we are preserving our



COMMISSIONER FOR OATHS

RA.509846.L (E)

Your Insured (SHD 6665B)

ACRA NUMBER: 200911678H

RIAZ QAYYUM

(DIRECTOR)

TAN KOK SIANG (LLB HONS) LON

(ASSOCIATE)

ABDUL HALIM BIN ROSALAN (LLS HONS) UTAS

(ASSOCIATE)

MUHD BAHPOX#8992RAHIM (LLB HONS) LEEDS

rassocia

WITHOUT PREJUDICE

Our Reference:

Your Reference:

16 April 2018

India International Insurance Pte Ltd

64 Cecil Street #04/#05 IOB Building Singapore 049711

Attention: Motor Claim Department

Dear Sirs.

ACCIDENT INVOLVING MOTOR VEHICLES SJT 589U AND SHD 6665B ON 22 JUNE 2017 ALONG PIE TOWARDS CHANGI AIRPORT

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We are instructed that the accident was caused by your negligence in driving and/or management of your vehicle. As a result of the accident, our client suffered personal injuries. His injuries are set out in the medical report[s] annexed hereto. He has been put to loss and expense, particulars of which are as follows:

We quantify our client's claim as follows:-

#### 1. **General Damages**

- a. Pain & Suffering
  - Neck sprain
  - Hand contusion
  - Neck pain & lower back painf
  - b. Cost of repair
  - c. Loss of rental (\$120 x 13) days) :

We are integrited as specially, which is read that our and our and of a suiton. We shall reved them. Kircly object at visible block his buftaraandhaadah 66 km sababi

\$ 2,000,00 \$ 3,000.00 \$ 2,000.00

\$22,470.00

\$ 1,560.00

2. **Special Damages** 

- a. Medical expenses
- b. Transport expenses
- c. Loss of income

600.00

\$to be assessed

Please note that the above quantification on damages is subject to client's confirmation upon receiving your offer. Should client's condition worsen or further claims arise, we also reserve the right to add to the quantification.



ADVOCATES AND SOLICITORS
COMMISSIONER FOR OATHS

ACRA NUMBER: 200911678H

GST REGISTRATION NUMBER: 200911678H

## Page 2

In compliance with the Pre-Action protocol for Personal Injury Claims, we disclose the following, we forward copies of the following documents for your perusal and considerations: - RIAZ QAYYUM (LLB HONS) NUS (DIRECTOR)

ABDUL HALIM BIN ROSALAN (LLB HONS) UTAS (ASSOCIATE)

MUHD RIDHWAN ABDUL RAHIM (LLB HONS) LEEDS (ASSOCIATE)

- a) Medical tax invoices/bills and certificates:
- b) Medical Report of our client;
- c) Police/GIA Reports of Plaintiff in our possession
- d) LTA search extract
- e) Survey Report
- f) Repair bill

We are also in compliance with the pre-action protocol under the State Court's Direction 38, we propose use one of the following medical experts as a single joint expert:-

- 1. Dr Lin Heng An from Singapore General Hospital
- 2. Dr Looi Chong Heng Peter from Changi General Hospital
- 3. Dr Shaik Noor from Singhealth Polyclinics Geylang

Please note that you should send to us an acknowledgement of receipt to us within 14 days of the receipt of this letter. Please also inform us, within 14 days of your acknowledgement of receipt of this letter, whether you have any objections to our proposed medical experts or whether you wish to propose other medical experts.

Should you fail to acknowledge receipt of this letter within 14 days, our client may commence Court proceedings against you without further notice to you or your insurer.

Please also note that if you have a counterclaim against our client arising out of the accident, you are required to send to us a letter giving full particulars of the counterclaim together with all relevant supporting documents within 8 weeks of your receipt of this letter.

In the event that an amicable settlement is reached, we render below a list of disbursements incurred.

#### Disbursements incurred as to date:-

a) Medical Report fee \$ 154.60 b) /LTA Search fee \$ 5.35 c) / Survey fee \$1,094.00 d) / Specialist Medical Report \$ 256.80 e) / Incidentals \$ 150.00

Yours withfully

133 NEW BRIDGE ROAD #09-09 CHINATOWN POINT SINGAPORE 059413
TEL: 65340110 FAX: 65340220 EMAIL: RIAZ@JUSTICE.COM.SG
(PLEASE NOTE THAT OUR FAX IS NOT FOR SERVICE OF COURT DOCUMENTS)

WWW.INJURYCLAIMS.SG





Tel: (65) 6222 3322 Fax: (65) 6224 9221 20 College Road Academia Singapore 169856 www.sgh.com.sg

Reg No 198703907 Z

MR NO: MR / 13470 / 2017 [LAWYERS]

REQUEST No: 201702953

7<sup>th</sup> November 2017

# RE: Specialist Medical report Neo Choon Seng (\$7801984J)

Mr Neo is a 39 year old Chinese gentleman with no known past medical history. He was first seen at Singapore General Hospital Specialist Outpatient Clinic (SOC) on 6<sup>th</sup> July 2017 for complaints of neck pain after involved in road traffic accident. Prior to this, he was also seen at Changi General Hospital Department of Emergency Medicine on 22<sup>nd</sup> June 2017 for similar complaints.

During the initial consultation on 6<sup>th</sup> July 2017, Mr Neo complained of neck pain with limited neck movement that persisted from the time of accident. The neck pain was not associated with radiation down to arms, and he did not complain of any numbness or weakness of his limbs. There were no giddiness or gait changes. On examination, his neck range of motion was limited by pain, with no focal bony tenderness. There was weakness over bilateral C5/6 nerve distribution, limited by neck pain.

Prior Computed tomography scan of the cervical spine revealed no bony fractures. A Magnetic resonance imaging (MRI) study of the cervical spine was performed on 6<sup>th</sup> July 2017, which revealed background mild cervical canal stenosis, which is likely of congenital aetiology. The C5-6 disc showed left paracentral disc protrusion but with no cord compression.

Mr Neo was managed with analgesia and physiotherapy. He was reviewed on 13<sup>th</sup> July 2017, when MRI findings were relayed to him. He complained of difficulty going back to work in view of persistent neck pain.

Mr Neo was followed up again on 17<sup>th</sup> August 2017, when he complained of lower back pain that worsened with prolonged sitting and standing. There was no associated numbness or weakness of lower limbs. On examination, straight leg raise was 80/80, and bilateral lower limb motor power was full. The sensation was equal. Magnetic resonance imaging study of the lumbar spine was performed on 29<sup>th</sup> August 2017, which showed partially sacralised L5 with anomalous articulation between the enlarged right transverse process of L5 with S1. Degenerative disc disease at L3-L4 and L4-L5 were noted.

At L3-L4, there were diffuse disc bulge, facet joint hypertrophy and flaval thickening which resulted in mild spinal canal, mild lateral recess and mild neural foraminal stenosis, of which left was worse than right.

PATIENTS. AT THE HE TOF ALL WE DO.



Singapore General Hospital • KK Women's and Children's Hospital • Sengkang Health National Cancer Centre Singapore • National Dental Centre Singapore • National Heart Centre Singapore National Neuroscience Institute • Singapore National Eye Centre • SingHealth Polyclinics • Bright Vision Hospital





Tel: (65) 6222 3322 Fax: (65) 6224 9221 20 College Road Academia Singapore 169856 www.sgh.com.sg

Reg No 198703907 Z

At L4-L5, there were diffuse disc bulge, facet joint hypertrophy and flaval thickening which resulted in mild spinal canal, mild lateral recess and moderate neural foraminal stenosis, of which left was worse than right.

Mr Neo was last seen on 12<sup>th</sup> Oct 2017, when he reported that his neck pain has largely resolved. However, he still complained of lower back pain on and off. He was initially discharged from physiotherapy follow-up, but was keen to continue with physiotherapy treatment for his lower back pain.

Mr Neo is scheduled for further review in January 2018.

Thank You

Dr Lin Heng An Associate Consultant

Department of Orthopaedic Surgery



#### CONFIDENTIAL

RA.509846 (K) MPL 2017/9579

18 July 2017

(

CHAIRMAN MEDICAL BOARD Changi General Hospital Singapore 529889

#### MEDICAL REPORT ON NEO CHOON SENG \$7801984J

The above mentioned was seen by Dr Tham Hooi Man on the 22/06/2017. He was the driver of a car that was involved in a road traffic accident that day. He presented with pain over the neck and the right hand.

On examination, he was well, alert and rational. Vital parameters stable. Tenderness noted over the posterior neck with limited range of motion. Tender bruising also seen over the dorsum right hand. No neurological deficit noted.

CT cervical spine done was normal.

He was discharged with some oral analgesia.

Diagnosis, was that of a strain neck and a contusion hand.

DR LOOI CHONG HENG PETER PRINCIPAL RESIDENT PHYSICIAN 04966B

Accident & Emergency Department

This medical report is put up based on the findings documented by the attending doctor, Dr Tham Hooi Man (61920E).





| Bedok | Bukit Merah | Geylang | Marine Parade | Outram | Pasir Ris | Queenstown | Sengkang | Tampines

Tel: (65) 6643 6969
Fax: (65) 6842 3224
SingHealth Polyclinics - Geylang
21 Geylang East Central
Singapore 389707
polyclinic.singhealth.com.sg
UEN No 52928775K

#### CONFIDENTIAL

Our Ref: SH/GL/MR23/7/17 Your Ref: RA.509846 (K) Tel: 66436969 Fax: 68423224

18/07/2017

(

(

RIAZ LLC 133 New Bridge Road #09-09 Chinatown Point Singapore 059413

MEDICAL REPORT ON NEO CHOON SENG NRIC NO: S7801984J MALE 39 YEAR OLD

The above mentioned was seen initially at Changi General Hospital after his road traffic accident on 22/06/2017. He had reported to have been the driver, and his car had been collided by the car behind him. At the hospital, he had complained of neck and right hand pain. A CT scan of his neck showed no fracture, or paravertebral haematoma, and mild cervical spondylosis and a radiological study of his right hand was normal.

The patient visited Geylang Polyclinic on 01/07/2017. He reported that his neck pain was better, and there was no muscle weakness. On clinical examination, his general condition was well. He had good range of motion of his neck and had a steady gait. There was no investigations done and had an appointment to see orthopedic specialist for his neck pain on 06/07/2017.

The clinical diagnosis was neck sprain.

He was prescribed oral medications, including naproxen 550mg twice a day and famotidine 20 mg twice a day. He was given medical leave for 4 days from 01/07/2017 to 04/07/2017.

He is currently being followed up with the Orthopedics department in Change General Hospital.

His last consultation at Geylang Polyclinic was on 01/07/2017

Dr. Shaik Noor

Best regards,

Resident Physician

SINGHEALTH POLYCLINICS - Geylang

Members of the SingHealth Group

Singapore General Hospital • KK Women's and Children's Hospital National Cancer Centre Singapore • National Dental Centre Singapore National Heart Centre Singapore • National Neuroscience Institute Singapore National Eye Centre • SingHealth Polyclinics



ORIGINAL	MEDICAL CERTIFICATE	EMD2017119876
NEO CHOON SENG LIANG CHUNSHENG		NRIC No. S7801984J
This is to certify that the abovenemed is unfit for duty for a period of Inclusive.	10 days from22	-Jun-2017 № <u>01-Jul-2017</u>
Type of medical leave granted :		
Hospitalization Leave	Outpatient Sick Leave	
Admitted on :	Maternity Laqva, Del	livered on
	Sterifization Leave, Op	eraled on
This certificate is not valid for absence from co	urt attendance.	
Diagnostu	Surgical Operation (if appitoable)	19876
Fit for light duly from N.A. Comments:	to N.A.	
The abovenamed patient attended my clinic at No medical leave is necessary.	N.A. and left at	N.A
Hospital/Clinio	Ward No. Signature, Nar	ne (in BLOCK LE TERS) and Designation/MCR No.
Emergency Medicine	CGH Accident & Emergency	\
Changi General Hospital	23-Jun-2017 THAM HO	OI MAN, G1920E



Eastern Community Health Centre (Tampines) Our Tampines Hub 51 Tampines Avenue 4 #03-33 Singapore 529684 T 6782 6885 F 6782 9591

PTMSHS1 / FB / 27.06.2017 1504 hrs / Page 1 of 1

**NEO CHOON SENG (LIANG CHUNSHENG)** 

Patient: NEO CHOON SENG (LIANG CHUNSHENG)

Tax Invoice Number: TM17092899F0001

348 UBI AVENUE 1

Tax Invoice Date : 27.06.2017 1504 hrs

#04-1059

Patient NRIC/HRN : S7801984J

Case Visit Number: TM17092899F-0001

SINGAPORE 400348

Visit Date

: 27.06.2017 1416 hrs

Visit/ Bill Location : PCLTM / PCLTM / MED

Payment Class

: ADULT

			AMOUNT (S\$)	
SERVICE CODE	DESCRIPTION	QUANTITY	Full Amount	Payable Amount
DD1400	OTHER PROCEDURES			
PPMSS	CHC - PHYSIOTHERAPY SESSION SHORT (MS)	1	42.06	42.0
	Subtotal		42.06	42.0
TOTAL CHARG	ES		42.06	
	BLE BEFORE TAX			42.0
ADD:7% GST				2.9
AMOUNT PAYA	BLE AFTER TAX			45.0
NET AMOUNT F	PAYABLE			45.00
BLUE CHAS AL	LIED HEALTH SUBSIDY			16.0
	SSIST INTERIM FUND			11.0
NEO CHOON SI	ENG (LIANG CHUNSHENG)			18.0
PAYMENT				<u> </u>
	LIED HEALTH SUBSIDY		:	0.00
	SSIST INTERIM FUND			0.00
NEO CHOON SE	ENG (LIANG CHUN87H06.2017 NETS	18.00		18.00
AMOUNT DUE				
	LIED HEALTH SUBSIDY			16.00
	SSIST INTERIM FUND			11.00
NEO CHOON SE	ENG (LIANG CHUNSHENG)			0.00
CHCEB	S7801984J			
CHCE	S7801984J			





GST Registration No.: M2-0088821-9

Billing Enquiries Tel: 6850 2854 / 6850 2857 / 6850 2862

Email: billing@cgh.com.sg

PAGE: 1 / 2

ORIGINAL RECEIPT

CAESIK

23.06.2017 01:08 hrs

Bill To

NEO CHOON SENG LIANG CHUNSHENG

348 UBI AVENUE 1

#04-1059 SINGAPORE 400348

MRN/NRIC CASE NUMBER : S7801984J : 6917373003H

CUSTOMER A&E VISIT

: 3022662284 : 22.06.2017 17:17

Name of Patient

NEO CHOON SENG LIANG CHUNSHENG

	Service Description		An	nount (S\$)
			Total Charges Before Govt Grant	Total Amt Payable After Govt Grant
	X-RAY INVESTIGATIONS DRUGS / PRESCRIPTIONS / INJECTIONS A&E ATTENDANCE FEE A&E PROCEDURES		465.50 3.35 250.00 7.00	215.00 3.35 120.00 0.00
(	TOTAL CHARGES LESS: GOVERNMENT GRANT		725.85 387.50-	
	AMOUNT PAYABLE BEFORE TAX ADD: 7% GST	EST DEBIT		338.35 23.68
	AMOUNT PAYABLE AFTER TAX LESS : GST ABSORBED BY THE GOVERNMENT	SIR CITY FOR CHEENT DEBIT	l <del>é</del> ib	362.03 23.68-
	NET AMOUNT PAYABLE	( REISUDQ (- L1 +8E	060 OSS10.	338.35
	PAYMENT NEO CHOON SENG LIANG		REF:37300	04 220.25
	AMOUNT DUE NEO CHOON SENG LIANG	9 NETS PU DBS BAN 3 Jun . 026569	K .017 01:08:	0.00
	FOR INFORMATION: ST: P SN: S7801984J	TOTAL	. \$308.3	3 <b>5</b>
(			approven	
•	PAYMENT DETAILS NAME	DATE	, the said	YMENT TYPE
				•

"VIEW YOUR MEDISAVE AND / OR MEDISHIELD LIFE CLAIM DETAILS ONLINE: Login to myopf online services with your SingPass at http://www.cpf.gov.sg and proceed to My Statement>> Section B>> Medisave/MediShield Life/Integrated Shield Plan Claims and Reimbursements. For more information, please visit http://www.cpf.gov.sg>> FAQ>> Healthcare. REIMBURSEMENT INFORMATION FOR EMPLOYERS AND INSURERS: Reimbursement should be made to cash outlay first, followed by Medisave, then MediShield Life OR the Integrated Shield Plan. To make reimbursement to Medisave and MediShield Life, submit through internet at http://www.cpf.gov.sg and proceed to Employers>> Services>> Medisave/MediShield Life Reimbursement. To reimburse to an Integrated Shield Plan, please pay directly to the private insurer offering the Integrated Shield Plan." Payment may be made at ANS or INETS Station or by Internet via https://cpax.cgh.com.sg or by Cheque. No receipt will be issued for payment by Cheque. Payment way also be made at the Patient Service Centre during office hours or at the A&E Registration Counter after office hours.

F/BO/02-003.R9

Please attach this portion to your cheque payment (Cheque should be crossed and made payable to "Changi General Hospital Pte Ltd".)

23.06.2017

01:08 hrs

son, matter one working to need a

Amount Enclosed: \$

MRN/NRIC

Cheque No./Bank:

CASE NUMBER

: S7801984J : 6917373003H

S7801984J NEO CHOON SENG LIANG **ADMISSION DATE: 22.06.2017** 



348 UBI AVENUE 1

Billing Enquiries Tel: 6850 2854 / 6850 2857 / 6850 2862 Email: billing@cgh.com.sg

PAGE: 2 / 2

GST Registration No.: M2-0088821-9

ORIGINAL RECEIPT

CAESIK

23.06.2017 01:08 hrs

MRN/NRIC

: S7801984J : 6917373003H

CASE NUMBER CUSTOMER

: 3022662284

A&E VISIT

: 22.06.2017 17:17

Name of Patient

Bill To

NEO CHOON SENG LIANG CHUNSHENG

NEO CHOON SENG LIANG CHUNSHENG

#04-1059 SINGAPORE 400348

Service Description	An	nount (S\$)
NEO CHOON SENG LIANG, CHUNSHEN 23.06.2017 THIS IS AN ORIGINAL RECEIPT FOR NETS PAYMENT OF \$33	338.35 8.35 RECEIVED ON	NETS 23.06.2017.
(		
TYPE OF SUPPLY: CASH/CREDIT		

"VIEW YOUR MEDISAVE AND / OR MEDISHIELD LIFE CLAIM DETAILS ONLINE: Login to mycpf online services with your SingPass at http://www.cpf.gov.sg and proceed to My Statement>> Section B>> Medisave/MediShield Life/Integrated Shield Plan Claims and Reimbursements. For more information, please visit http://www.cpf.gov.sg>> FAQ>> Healthcare. REIMBURSEMENT INFORMATION FOR EMPLOYERS AND INSURERS: Reimbursement should be made to cash outlay first, followed by Medisave, then MediShield Life OR the Integrated Shield Plan. To make reimbursement to Medisave and Medishield Life, submit through internet at http://www.cpf.gov.sg and proceed to Employers>> Services>> Medisave/MediShield Life Reimbursement. To reimburse to an integrated Shield Plan, please pay directly to the private insurer offering the integrated Shield Plan." Payment may be made at AXS or iNETS Station or by Internet via https://epay.cgb.com.sg or by Cheque. No receipt will be issued for payment by Cheque. Payment may also be made at the Patient Service Centre during office hours or at the A&E Registration Counter after office hours,

F/BO/02-003.R<sup>4</sup>

Visit www.mypharmacy.com.sg/fc your health and homecare need

Please attach this portion to your cheque payment (Cheque should be crossed and made payable to "Changi General Hospital Pte Ltd".)

23.06.2017

01:08 hrs

Amount Enclosed: \$

BALANCE DUE

: S\$ 0.00

Cheque No./Bank:

MRN/NRIC CASE NUMBER

: S7801984J : 6917373003H

\$7801984J

NEO CHOON SENG LIANG

**ADMISSION DATE: 22.06.2017** 



MEDICAL CERTIFICATE ( GEY 1786445

ORIGINAL

Name: NEO CHOON SENG (LIANG CHUNSHENG)

NRIC No : S7801984J

This is to certify that the above named is unfit for duty this certificate is Not Valid for absence from court a	for a period of 4.0 day(s) from 02/07/2017 to 05/07/2017 inclusive
Diagnosis	Surgical Operation (if applicable)
Fit for light duty from to	
Excused From NIL	
The above named patient attended my clinic at 09:2	26:47 and left at 10:17:47
NOT VALID WITHOUT CLINIC STAMP	Doctor Name: SHAIK MOHAMED BIN MOHAMED NOOR
SINGHEALTH POLYCLINICS - GEYLANG 21 Geylang East Central	MCR NO : 17758Z
Singapore 389707	Signature :
or enquiries please call 66436969	Date : 01/07/2017
	Printed on : Saturday, 01 July, 2017 10:18:01



**ORIGINAL** 

GST REG NO: M90368910N

GDRNAMN / FB / 06.07.2017 1448 hrs / Page 1 of 1

NEO CHOON SENG (LIANG CHUNSHENG)

Tax Invoice Number:6817229212B0003 Bill Ref Number :6817229212B-0003-01

348 UBI AVENUE 1

Tax Invoice Date :06.07.2017 1448 hrs

#04-1059

Patient NRIC/HRN : S7801984J

SINGAPORE 400348

Visit Date

:06.07.2017 1446 hrs Visit / Bill Location : GEDCD / GXDDRAICC /

Patient: NEO CHOON SENG (LIANG CHUNSHENG)

OTO

**Payment Class** 

all after the

Contact in the thirty than 19413

:SUBSIDISED

Type of Supply

: Cash/Credit

SERVICE CODE	DESCRIPTION	QUANTITY	AMOUNT(S\$)
CONSULTATION AND SER	RVICES		<u> </u>
	MRI	Subtotal	1015.0
15014708	MRI Cervical Spine	1	1015.00
		Subtotal Charges (before Government Subsidy)	1015.0
		Less: Government Subsidy	-710.5
		Subtotal Charges (after Government Subsidy)	304.5
		Total Charges Payable	304.5
AMOUNT PAYABLE BEFO ADD: 7% GST	RE TAX	- <b>B</b>	304.5 21.3
AMOUNT PAYABLE AFTE LESS : GST ABSORBED E		Color to to color and a special and a specia	325.8 -21.3
NET AMOUNT PAYABLE		Sufferences C. Randa (SV)  L. Oktober Schill Valle	304.5
NEO CHOON SENG (LIAN	G CHUNSHENG)	HUTTER THERE IS THE LIKE THE CONTROL OF THE CONTROL	304.5
NEO CHOON SENG (LIAN	G CHUNSHENG) 06.07.2017	SALE SALE	304.5
AMOUNT DUE FROM NEO CHOON SENG (LIAN	G CHUNSHENG)	Friends to the course of the late of the state of the late of the state of the late of the	0.0
*** You are served by NUR	ARINA BINTE MOHAMED NOOR ***	#FOTAL : \$\$ 384.50	

http://www.cpf.gov.sg and proceed to My Statement>> Section B>> Mi Reimbursements. For more information, please visit http://www.cpf.go EMPLOYERS AND INSURERS : Reimbursement should be made to Integrated Shield Plan. To make reimbursement to Medisave and Mec

to Employers>> Services>> Medisave/MediShield Life Reimbursemer private insurer offering the Integrated Shield Plan."

PAYMENT - Please pay immediately on receipt of the bill. Cheque pay HOSPITAL Please write the Case / Invoice Number, Payer Name and Services Pte Ltd, Bukit Merah Central Post Office, PO Box 540, Sings https://ePay.singhealth.com.sg/sgh or vBOX at www.vbox.com.sg, AX branches, 7-Eleven stores, iNETS Kiosks, Cheers and FairPrice Xpress outlets. I ayriicin accommodate to the commod stores of the commod stores outlets.

Admissions Office or at the A&E registration counters.

n Claims and IT INFORMATION FOR MediShleid Life OR the www.cpf.gov.sg and proceed please pay directly to the

to SINGAPORE GENERAL I to Singapore Health net at chine), Singapore Post I's Business Office.



**ORIGINAL** 

GST REG NO : M90368910N

GSONSMR / FB / 06.07.2017 1437 hrs / Page 1 of 2

NEO CHOON SENG (LIANG CHUNSHENG)

Tax Invoice Number:6817229212B0001 :6817229212B-0001-01 Bill Ref Number :06.07.2017 1437 hrs

348 UBI AVENUE 1

Tax Invoice Date Patient NRIC/HRN :S7801984J

#04-1059

Visit Date

:06.07.2017 1340 hrs

SINGAPORE 400348

Visit / Bill Location : GEOCD / GEOCD / OTO

Patient: NEO CHOON SENG (LIANG CHUNSHENG)

Payment Class Type of Supply

:SUBSIDISED : Cash/Credit

ERVICE CODE	DESCRIPTION	QUANTITY	AMOUNT(S\$)
ONSULTATION AND SER			97.0
	PROFESSIONAL FEES - DOCTOR	Subtotal	1
3001452	CONSULT - INITIAL VISIT	1	97.0
3001402		Subtotal Charges (before Government Subsidy)	97.0
		Less: Government Subsidy	-67.9
		Subtotal Charges (after Government Subsidy)	29.1
UBSIDISED DRUGS		Q. standat	3.0
	<b>DRUGS / PRESCRIPTIONS / INJE</b>	CTIONS Subtotal	3.0
HASTD	FAMOTIDINE* 20MG TAB	30	
		Subtotal Charges (before Government Subsidy)	
		Less: Government Subsidy	-2.
		Subtotal Charges (after Government Subsidy)	0.
THERS		Subtota	16
	DRUGS / PRESCRIPTIONS / INJE	<u>ECTIONS</u> Subtotal	' I
PHANS2	NAPROXEN SOD* 275MG TAB		
PHANS2	PARACETAMOL 500MG, CODEIN	E-8MG IAB	
• • • • • •		Subtotal Charges for Others	
		Total Charges Payabl	9 46
			46
AMOUNT PAYABLE BEF	ORE IAX		3
ADD: 7% GST			49
AMOUNT PAYABLE AFT	ER TAX	NETSUADISO (5.4.0 URTHO SPORIS COINT O	-3
LESS : GST ABSORBED	BY THE GOVERNMENT	feteriff con	46
NET AMOUNT PAYABLE	!	/ nHDE::	46
NEO CHOON SENG (LIA	NG CHUNSHENG)	បំផលិតនៃ។	<u> </u>
PAYMENT		(the Doll)	.65 40
NEO CHOON SENG (LIA	NG CHUNSHENG) 06.07.2017	The third of the second of the	.05
AMOUNT DUE FROM NEO CHOON SENG (LIF	NG CHUNSHENG)	TOTAL: \$46.65	,
		mPFRQUE;	
		NETE	
First Consultation - with r	eterral JR SYAFIQAH BTE MOHD RASHID ***		l l



## **ORIGINAL**

☐ Block 2 Level 1
Block 2 Level 2
☐ Block 6 Level 2
Block 7 Level 1
Camden Level 2
Camden Level 16
DMC Level 1

# RADIOLOGICAL INVESTIGATION FORM

NAME: NEO CHOON SENG (LIANG, CHUNSHENG)	NRIC: S7801984J
	NI) PLA STEER (1 MAY & LOAN DE LA
BIRTH DATE: 19 Jan 1978	SEX: Male RACEhinese
ADDRESS: Blk/Hse:348, Level/Unit:04-1059 UBI AVENUE	
ACCOUNT:6817229212B0001	CLASS: OP-SUB
CA COMPLICATION NEW TIPE PRESENT BY CONTRACT REPORTED FOR	
LOCATION: CAMDEN-OTO Sports & Joint Ctr	SERVICE: Orthopaedic Surgery
Requesting Staff: Lin Heng An	MCR No./Staff ID: 13079F
Consultant In Charge: Lin Heng An	MCR No.: 13079F
Ordered Date: 06 Jul 2017	
Patient Mobility: Walk	
Allergy (If any): No Known Allergies	
HP (If any):	
Creatinine, Serum:	
MRI Specific Information	17 0 17 0 17
Cardiac Pacemaker: No	TCU: 17-8-17 HP:
Artificial Heart Valve: No	
Vascular Clips/Filters/Stents: No J	Ht:Wt:Locker key:
Electronic/Metallic Implants:No	LOCKEI KEY:
Metallic Foreign Body: No	
Previous Surgery: No 🗸	
Heinerty and tengency	
Order: MRI Cervical Spine	Requested Date: OrderID:
Contrast Indicator: At Rad Discretion	06 Jul 2017 001DX9Q2J
Performing OU: SGH	K1 (8) (11) (11) (11) (11) (11) (11) (11)
Request Type (Medisave Claim): Diagnostic/Treatmen	nt
Clinical Diagnosis and Reason for Exam: neck pain after R	
M. D. T.	BELLEVI SAILY
Radiographer's Notes:	Time:
Axdiographer s troces.	Signature:
Radiologist's Instructions:	
MRI screening checked by Radiographer (signature):	

Printed On: 06 Jul 2017 14:20:14 PM

Dana 1 -61



ORIGINAL	MEDI	CAL CER	TIFICATI	E		ОТ	O2017244183
Name NEO CHOON SENG (LIANG, CHUNS)	IENG)				NRIC No. S7801984J		
This is to certify that the abovenamed is unfit for discussive.	uty for a period of		d	ays from	06-Jul-2017	to _	12-Jul-2017
Type of medical leave granted :    Work   Hospitalization Leave			Outpatient Sic	k Leave			
Admitted on :			Maternity Lear	ve,	Delivered on .		
Discharged on :			Sterilization Le	eave.	Operated on		
This certificate is not valid for absence Diagnosis	from court atter	ndance.	Surgical Ope	eration (if ap	oplicable)		
Fit for light duty from N.A.	lo	N.A.					
The abovenamed patient attended my clinic at No medical leave is necessary.		N.A.		and left at	N/A.		
Hospital/Clinic Orth. Sports & Joint Ctr Camden		Ward No. Camden Med	. Ctr LvI 15	Sign	nature, Name (in BLOC ignation/MCR No.	K LETTE	RS) and
Singapore General Hospital		Date 06-Jul-2017		LIN	/ HENG AN <u>.</u> 13079	F	

06-Jul-2017



**ORIGINAL** 

GST REG NO: M90368910N

GSONSMR / FB / 06.07.2017 1437 hrs / Page 2 of 2

NEO CHOON SENG (LIANG CHUNSHENG)

Tax Invoice Number:6817229212B0001 Bill Ref Number

:6817229212B-0001-01

348 UBI AVENUE 1

:06.07.2017 1437 hrs

#04-1059

Tax Invoice Date

Patient NRIC/HRN: S7801984J

SINGAPORE 400348

Visit Date Visit / Bill Location

:06.07.2017 1340 hrs :GEOCD / GEOCD / OTO

Patient: NEO CHOON SENG (LIANG CHUNSHENG)

Payment Class Type of Supply :SUBSIDISED

: Cash/Credit

"VIEW YOUR MEDISAVE AND/ OR MEDISHIELD LIFE CLAIM DETAILS ONLINE: Login to mycpf online services with your Singpass at http://www.cpf.gov.sg and proceed to My Statement>> Section B>> Medisave/MediShield Life/Integrated Shield Plan Claims and Reimbursements. For more information, please visit http://www.cpf.gov.sg>> FAQ >> Healthcare. REIMBURSEMENT INFORMATION FOR EMPLOYERS AND INSURERS : Reimbursement should be made to cash outlay first, followed by Medisave, then MediShield Life OR the Integrated Shield Plan. To make reimbursement to Medisave and MediShield Life, submit through internet at http://www.cpf.gov.sg and proceed to Employers>> Services>> Medisave/MediShield Life Reimbursement. To reimburse to an Integrated Shield Plan, please pay directly to the private insurer offering the Integrated Shield Plan.

PAYMENT - Please pay immediately on receipt of the bill. Cheque payments should be crossed and made payable to SINGAPORE GENERAL HOSPITAL. Please write the Case / Invoice Number, Payer Name and Contact Number behind the cheque and mail to Singapore Health Services Pte Ltd, Bukit Merah Central Post Office, PO Box 540, Singapore 911532. Payment can be made by internet at https://ePay.singhealth.com.sg/sgh or vBOX at www.vbox.com.sg, AXS station, S.A.M. (Self-Service Automated Machine), Singapore Post branches, 7-Eleven stores, iNETS Klosks, Cheers and FairPrice Xpress outlets. Payment can also be made at SGH's Business Office, Admissions Office or at the A&E registration counters.



#### Department of Diagnostic Radiology Block 6 Level 2 Camden Level 2 Block 1 Level 2 Singapore General Hospital Block 7 Level 1 Camden Level 16 Block 2 Level 1 Block 2 Level 2 SingHealth NAME **NEO CHOON SENG** MRN S7801984J (LIANG CHUNSHENG) **PROCEDURE MRI** Cervical Spine DATE/TIME : 06/07/2017 02:45 PM (SUB) \$507.50-775.89 ESTIMATED FEE **GUIDE TO MRI PROCEDURE FOR OUTPATIENT** 1. On the day of your appointment, please report 15 minutes before your appointment time to the respective appointment counter for registration. Please be punctual as if you are late we may need to give you a new appointment. 2. Please submit the original request form on appointment day with payment for the scan. You may pay by cash, NETS, medisave and other major Credit Cards. 3. Please inform the staff if you have: Cardiac pacemaker, surgical clips or any other surgical implants of metal object in your body Any previous injury to the eyes For female: If you are $\underline{\text{pregnant}}$ or likely to be pregnant, or if you have intra-uterine contraceptive device 4. Preparation: This MRI procedure DOES NOT REQUIRE INJECTION REQUIRES INJECTION If you are allergic to IV Gadolinium chelated contrast media (MRI Contrast) your doctor will discuss with our radiologist regarding options of premedication versus non-contrast study. Dietary preparation: This procedure DOES NOT REQUIRE FASTING REQUIRES FASTING for 4 hours before the procedure NB: If you are a $\underline{\mbox{\bf diabetic}}$ and are on diabetic medicine, please omit the diabetic drug on the day of examination. If you are on prescribed medications please continue the medication as directed by your physician. Please do not wear make-up especially mascara, coloured contact lenses and do not use hair spray.

If you are **below 21 years old**, please bring your parent or guardian along. In the event an **injection** is **needed** for your scan, a signed consent by your parent or guardian is **required before** proceeding.

Please bring along all non-SGH X-rays, ultrasound, MRI films and any previous CT

films that you may have.



		D	epartment of	Diagnostic F	tadiology	
		Singapore General Hospital SingHealth	Block 1 Level Block 2 Level Block 2 Level	1 🔲 Block	6 Level 2 [ 7 Level 1 [	Camden Level 2 Camden Level 16
PR	ME OCEDI TIMAT	: NEO CHOON S (LIANG CHUN DURE : MRI Cervical S TED FEE : (SUB) \$507.5	SHENG) Spine DA	RN :	S7801984	1J 017 02:45 PM
5.	Abou	ut the procedure:	<u> </u>			
		The entire procedure will take	ce about 30 to	45 minutes.		
		There might be slight wait circumstances.	ing time on ti	ne day of ex	amination o	lue to unforeseer
		You are required to lie down	on the MRI co	uch in the Mi	RI gantry.	
		During the scan you will he alarmed.	ear some muff	ing thumping	g sound. Re	lax and do not be
		An injection may be given for	or diagnosis of	certain condl	tions	
6.		se call us at 63214225 if	you have an	y queries o	r if you ca	nnot keep to the

We look forward to serving you. Thank you.



Eastern Community Health Centre (Tampines) Our Tampines Hub 51 Tampines Avenue 4 #03-33 Singapore 529684 1 6782 6885 F 6782 9591

PTMSHS1 / FB / 11.07.2017 1501 hrs / Page 1 of 1

**NEO CHOON SENG (LIANG CHUNSHENG)** 

Tax Invoice Number: TM17092899F0002

348 UBI AVENUE 1

Tax Invoice Date : 11.07.2017 1501 hrs

#04-1059

Patient NRIC/HRN : S7801984J

SINGAPORE 400348

(

Case Visit Number : TM17092899F-0002

Visit Date

: 11.07.2017 1427 hrs Visit/ Bill Location : PCLTM / PCLTM / MED

Patient: NEO CHOON SENG (LIANG CHUNSHENG)

Payment Class ; ADULT

			AMOU	NT (S\$)
SERVICE CODE	DESCRIPTION	QUANTITY	Full Amount	Payable Amount
	OTHER PROCEDURES			
PPMSS	CHC - PHYSIOTHERAPY SESSION SHORT (MS)	1	42.06	42.00
	Subtotal		42.06	42.0
TOTAL CHARGE	s		42.06	
AMOUNT PAYAE ADD: 7% GST	ELE BEFORE TAX			42.0 2.9
AMOUNT PAYAB	LE AFTER TAX			45.0
NET AMOUNT PA	AYABLE			45.0
<b>BLUE CHAS ALL</b>	IED HEALTH SUBSIDY			16.0
<del>_</del>	SIST INTERIM FUND			11.0
NEO CHOON SE	NG (LIANG CHUNSHENG)			18.0
PAYMENT	ED HEALTH SUBSIDY			
	SIST INTERIM FUND			0.0
	NG (LIANG CHUNSH07.2017 NETS	18.00		18.0
AMOUNT DUE	AL10	10.00		10.0
	ED HEALTH SUBSIDY			16.0
	SIST INTERIM FUND			11.0
	NG (LIANG CHUNSHENG)			0.00
CHCEB	S7801984J		:	
CHCE	S7801984J			
*** You are served t	DY SEET HUI SHUANG @ SEET CHIN Y			1





**ORIGINAL** 

GST REG NO : M90368910N

GSONHA2 / FB / 13.07.2017 1528 hrs / Page 1 of 2

NEO CHOON SENG (LIANG CHUNSHENG)

Tax Invoice Number:6817229212B0005

Bill Ref Number

:6817229212B-0005-01

348 UBI AVENUE 1

Tax Invoice Date :13.07.2017 1528 hrs

Patient NRIC/HRN :S7801984J

#04-1059 SINGAPORE 400348

Visit Date

:13.07.2017 1401 hrs

Patient: NEO CHOON SENG (LIANG CHUNSHENG)

Payment Class

Visit / Bill Location :GEOCD / GEOCD / OTO :SUBSIDISED

: Cash/Credit Type of Supply

ERVICE CODE	DESCRIPTION		QUANTITY	AMOUNT(S\$)
CONSULTATION AND SE				
	PROFESSIONAL FEES - DOCTO	R	Subtotal	97.0
6001463	CONSULT - REPEAT VISIT		1	97.0
		Subtotal Charges (b	efore Government Subsidy)	97.0
			Less: Government Subsidy	-67.9
		Subtotal Charges	(after Government Subsidy)	29.1
UBSIDISED DRUGS				2.0
	DRUGS / PRESCRIPTIONS / INJ	<u>ECTIONS</u>	Subtotal	2.0
PHASTD	FAMOTIDINE* 20MG TAB		20	2.0
		Subtotal Charges (t	pefore Government Subsidy)	2.
			Less: Government Subsidy	-1.
		Subtotal Charges	(after Government Subsidy)	0.
OTHERS				
	DRUGS / PRESCRIPTIONS / IN.	<u>IECTIONS</u>	Subtotal	8.
PHANS2	PARACETAMOL 500MG,CODE	NE* 8MG TAB	42	5.
PHANS2	NAPROXEN SOD* 275MG TAB		28	3.
			Subtotal Charges for Others	8.
			Total Charges Payable	38
AMOUNT PAYABLE BEF	ODE TAY			38
ADD: 7% GST	ORE IAA			2
AMOUNT PAYABLE AFT	ER TAX			40
LESS : GST ABSORBED	BY THE GOVERNMENT			-2
				38
NET AMOUNT PAYABLE NEO CHOON SENG (LIA				38
PAYMENT NEO CHOON SENG (LIA	ING CHUNSHENG) 13.07.2017	NETS	38.0	38
AMOUNT DUE FROM				
NEO CHOON SENG (LIA	NG CHUNSHENG)			
1				
	RLIYANA BINTE HASSAN ***			



**ORIGINAL** 

GST REG NO: M90368910N

GSONHA2 / FB / 13.07.2017 1528 hrs / Page 2 of 2

NEO CHOON SENG (LIANG CHUNSHENG)

Tax Invoice Number: 6817229212B0005 :6817229212B-0005-01

Bill Ref Number Tax Invoice Date

:13,07,2017 1528 hrs

348 UBI AVENUE 1

Patient NRIC/HRN : \$7801984J

#04-1059 SINGAPORE 400348

Visit Date

:13.07.2017 1401 hrs Visit / Bill Location :GEOCD / GEOCD / OTO

Patient: NEO CHOON SENG (LIANG CHUNSHENG)

Payment Class

:SUBSIDISED

Type of Supply

: Cash/Credit



"VIEW YOUR MEDISAVE AND/ OR MEDISHIELD LIFE CLAIM DETAILS ONLINE: Login to mycpf online services with your Singpass at http://www.cpf.gov.sg and proceed to My Statement>> Section B>> Medisave/MediShield Life/Integrated Shield Plan Claims and Reimbursements. For more information, please visit http://www.cpf.gov.sg>> FAQ >> Healthcare. REIMBURSEMENT INFORMATION FOR EMPLOYERS AND INSURERS Reimbursement should be made to cash outlay first, followed by Medisave, then MediShield Life OR the Integrated Shield Plan. To make reimbursement to Medisave and Medishield Life, submit through internet at http://www.cpf.gov.sg and proceed to Employers>> Services>> Medisave/MediShield Life Reimbursement. To reimburse to an Integrated Shield Plan, please pay directly to the private insurer offering the Integrated Shield Plan."

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J	N	•	ш	~	_

# **MEDICAL CERTIFICATE**

OTO2017254113

Name		NRIC No.
NEO CHOON SENG (LIANG, CHUNSHENG)	S7801984J	
This is to certify that the abovenamed is unfit for duty for a period inclusive.	of <u>8</u> de	ays from 13-Jul-2017 to 20-Jul-2017
Type of medical leave granted :		
Hospitalization Leave	Outpatient Sici	k Leave
Admitted on :	Maternity Leav	/e, Delivered on :
Discharged on :	Sterilization La	pave, Operated on :
This certificate is not valid for absence from court a	ttendance.	
Diagnosis	Surgical Oper	ration (if applicable)
Fit for light duty from N.A. to	N.A.	
The abovenamed patient attended my clinic at No medical leave is necessary.	<u>Ņ.A.</u>	and left at N.A.
Hospital/Clinic	Ward No.	Signature, Name (in BLOCK LETTERS) and Designation/MCR No.
Orth. Sports & Joint Ctr Camden	Camden Med. Ctr Lvl 15	Dasignation mon.
Singapore General Hospital	13-Jul-2017	LIN HENG AN, 13079F



RIAZ LLC ADVOCATES AND SOLICITORS 133 NEW BRIDGE ROAD #09-09 CHINATOWN POINT SINGAPORE 059413 MR No.

: MPL/2017/0009579

Receipt No.

: MR/2017/05215

Date

: 14 Jul 2017

Reference No.

: RA.509846(K)

## OFFICIAL RECEIPT

GST Reg No.

: M2-0088821-9

Received From	: RIAZ LLC ADVOCATES AND SOLICITORS	Quantity	Fee (S\$)	Amount (S\$)
Patient Name	: NEO CHOON SENG (LIANG CHUNSHENG) : S7801984J			
LEGAL ORDINA	RY MEDICAL REPORT	1 90.00 Amount Before Tax		90.00
				84.11
		GST (7%)	<u> </u>	5.89
		Total Amount Payable		90.00

Payment Mode	Receipt ID	Cheque/Card No.	Bank	Amount Paid
CHEQUE	MR/2017/05215	282174	UOB	90.00

\*\*\*You are served by

AMIRAH BINTE RAMLEE

PLEASE NOTE: Processing time for your request requires 4 to 6 weeks. For further clarifications, please call 68504545 / 68504546.





Tel: (65) 6643 6969 Fax: (65) 6842 3224 SingHealth Polyclinics - Geylang 21 Geylang East Central Singapore 389707 polyclinic.singhealth.com.sg UEN No 52928775|ORIGINAL

| Bedok | Bukit Merah | Geylang | Marine Parade | Outran Xount V Dicerstown | Sengkang | Tampines

PGLLPY1 / 14.07.2017 1130 hrs / Page 1 of 1

GST REG NO : M90368910N

S7801984J NEO CHOON SENG (LIANG

CHUNSHENG)

RIAC LLC - OFFICE ACCOUNT

Receipt No Receipt Date

Location

: MPGL 170001771 : 14.07.2017 1130 hrs : Geylang Polyclinic

DATE	SERVICE CODE	DESCRIPTION		QTY	AMOUNT PAYABLE (S\$)
14.07.2017	PAYMENT RECEIVED	FOR:			
	MEDICAL REPORT FEE	<u> </u>			
	PMRF	MEDICAL REPORT FEE		1	60.40
		Amount before GST			60.40
		Add 7 % GST	l		4.23
		Amount Payable after GST			64.63
	Paid by :	S7801984J NEO CHOON SENG (LIANG	CHUNSHENG)		
		CHEQUE UOB 282175	64.60		
		ROUNDING ADJUSTMENT	0.03		
		Total Amount Paid	64.60		
				<u> </u>	:
				1	ı.
				1	
				1	
	the Veu are conved by	JOANNE LAM PEI YING ***			



GST REG NO: M90368910N

348 UBI AVENUE 1

SINGAPORE 400348

#04-1059

NEO CHOON SENG (LIANG CHUNSHENG)

Tei: (65) 6643 6969 Fax: (65) 6842 3224 SingHealth Polyclinics - Geylang 21 Geylang East Central Singapore 389707 polyclinic.singhealth.com.sg UEN No 52928775K

| Bedok | Bukit Merah | Geylang | Marine Parade | Outram | Pasir Ris | Queenstown | Sengkang | Tampines TAX INVOICE

PGLAKA / FB / 21.07.2017 1035 hrs / Page 2 of 2

Bill Ref Number

Tax Invoice Number: GL07116313A0006 : GL07116313A-0006-01 : 21.07.2017 1035 hrs

Tax Invoice Date Patient NRIC/HRN

: S7801984J

Visit Date

: 21.07.2017 0954 hrs

Visit / Bill Location

: PCLGL/PCLGL/MED

Payment Class

: ADULT

Patient : NEO CHOC	ON SENG (LIANG CHUNSHENG)	Payment Class	: ADULT	
T GALOTAL TE				NT(S\$) Payable
SERVICE CODE	DESCRIPTION	QUANTITY	Full Amount	Amount
02	and one non-refu	ndable and non-exchanges	able.**Please r	pay by cash,

\*\*For hygiene and safety reasons, all medications/items sold are non-refundable and non-exchangeable.\*\*Please pay by cash, NETS, or cheque upon receipt of invoice. Cheque should be made payable to SingHealth Polyclinics.Please indicate invoice and contact no. Post-dated cheque is not accepted. Receipt will not be issued.



MEDICAL CERTIFICATE ( GEY 1789902 ) ORIGINAL

NRIC No: \$7801984J

Printed on: Friday, 21 July, 2617 10:16:00

Name: NEO CHOON SENG (LIANG CHUNSHENG)

This is to certify that the above named is unfit for duty for a period of 4.0 day(s) from 21/07/2017 to 24/07/2017 inclusive. This certificate is Not Valid for absence from court attendance. Diagnosis Surgical Operation (if applicable) Fit for light duty from to **Excused From** NIL The above named patient attended my clinic at 09:54:25 and left at 10:15:49 NOT VALID WITHOUT CLINIC STAMP Doctor Name: LIM JIESHENG MCR NO 19711D Sugar De San Signature For enquiries please call 66436969 Date : 21/07/2017





(

#### TAX INVOICE

PTMSHS1 / FB / 01.08.2017 1422 hrs / Page 1 of 1

NEO CHOON SENG (LIANG CHUNSHENG)

Tax Invoice Number: TM17092899F0003

Tax Invoice Date : 01.08.2017 1422 hrs
348 UBI AVENUE 1 Patient NRIC/HRN : S7801984J

#04-1059 Patient NRIC/HRN : 578019643 Case Visit Number : TM17092899F-0003

 SINGAPORE 400348
 Visit Date
 : 01.08.2017 | 1348 hrs

 Visit/ Bill Location
 : PCLTM / PCLTM / MED

Patient: NEO CHOON SENG (LIANG CHUNSHENG) Payment Class : ADULT

		•		AMOU	NT (S\$)
SERVICE CODE	DESCRIPTION		QUANTITY	Full Amount	Payable Amount
PPMSS	OTHER PROCEDURES CHC - PHYSIOTHERAPY SESSION S	HORT (MS)	1	42.06	42.06
FFINISS	Subtotal	HORT (INIS)	•	42.06	42.06
TOTAL CHARGE	is.			42.06	
. •	BLE BEFORE TAX				42.06 2.94
AMOUNT PAYAE	BLE AFTER TAX				45.00
NET AMOUNT P	AYABLE				45.00
EHA HEALTH AS	LIED HEALTH SUBSIDY SSIST INTERIM FUND ENG (LIANG CHUNSHENG)				16.00 11.00 18.00
EHA HEALTH AS	LIED HEALTH SUBSIDY SSIST INTERIM FUND ENG (LIANG CHUN <b>S</b> H08.2017 NETS		18.00		0.00 0.00 18.00
EHA HEALTH AS	LIED HEALTH SUBSIDY SIST INTERIM FUND ENG (LIANG CHUNSHENG)				16.00 11.00 0.00
CHCEB CHCE *** You are served	S7801984J S7801984J by SEET HUI SHUANG @ SEET CHIN Y	NETSVOOOBD EASTERN CHC TAI OTH THANK YOU 111875185000	UX810v2		

111875185000 87518501 003071 REF:7801984 NETS PURCHASE SAV DBS BANK 01 AUG, 2017 14:21:51 003071 806597 00 TOTAL \$ \$18.00

APPROVED

**NETB** 





ORIGINAL

GST REG NO: M90368910N

GSONBM / FB / 17.08.2017 1629 hrs / Page 1 of 2

NEO CHOON SENG (LIANG CHUNSHENG)

Tax Invoice Number: 681722921280008

348 UBI AVENUE 1

Bill Ref Number

:6817229212B-0008-01

Tax Invoice Date

:17.08.2017 1629 hrs

#04-1059

Patient NRIC/HRN :S7801984J

SINGAPORE 400348

Visit Date

:17.08.2017 1445 hrs Visit / Bill Location GEOCD / GEOCD / OTO

Patient: NEO CHOON SENG (LIANG CHUNSHENG)

Payment Class

:SUBSIDISED

: Cash/Credit Type of Supply

AMOUNT(S\$)	QUANTITY	TION	DESCRIPTION	SERVICE CODE
	<del></del>		BERVICES	CONSULTATION AND SE
Ou.16	Subtotal	SIONAL FEES - DOCTOR	PROFESSI	
97.00	1	T - REPEAT VISIT	CONSULT -	<b>7</b> 6001 <b>4</b> 63
97.0C	s (before Government Subsidy)	Subto		
-67.9 <b>C</b>	Less: Government Subsidy			
29.1	ges (after Government Subsidy)	Subt		
				UBSIDISED DRUGS
2.0	Subtotal	PRESCRIPTIONS / INJECTION	DRUGS / P	
2.0	20	PINE* 20MG TAB	FAMOTIDIN	HASTD
2.0	s (before Government Subsidy)	Subto		
4.5	Less: Government Subsidy			
9.5	ges (after Government Subsidy)	Subt		
	, , , , , , , , , , , , , , , , , , ,			THERS
8.4	Subtotal	DRUGS / PI		
5.0	42	TAMOL 500MG, CODEINE* 8MG	PARACETA	HANS2
3.3	28	EN SOD* 275MG TAB	NAPROXEN	HANS2
8.	Subtotal Charges for Others			
11.	Total Charges Payable			
38			EOPE TAY	MOUNT PAYABLE BEF
2			I ORE IAX	DD: 7% GST
40			TER TAX	MOUNT PAYABLE AFTI
.2		ENT		ESS : GST ABSORBED
38			F	ET AMOUNT PAYABLE
38			=	EO CHOON SENG (LIAI
36	38.00	17.08.2017	ANG CHUNSHENG)	AYMENT EO CHOON SENG (LIAI
				MOUNT DUE FROM

\*\*\* You are served by NAFEESHA BINTE MAMOO \*\*\*



**ORIGINAL** 

GST REG NO: M90368910N

GSONBM / FB / 17.08.2017 1629 hrs / Page 2 of 2

NEO CHOON SENG (LIANG CHUNSHENG)

Tax Invoice Number: 6817229212B0008

:6817229212B-0008-01 Bill Ref Number

348 UBI AVENUE 1

SINGAPORE 400348

Tax Invoice Date :17.08.2017 1629 hrs

#04-1059

Patient NRIC/HRN :S7801984J

Visit Date

:17.08.2017 1445 hrs

Visit / Bill Location : GEOCD / GEOCD / OTO Payment Class

:SUBSIDISED

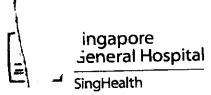
Type of Supply

Patient : NEO CHOON SENG (LIANG CHUNSHENG)

: Cash/Credit

"VIEW YOUR MEDISAVE AND/ OR MEDISHIELD LIFE CLAIM DETAILS ONLINE: Login to mycpf online services with your Singpass at http://www.cpf.gov.sg and proceed to My Statement>> Section B>> Medisave/MediShield Life/Integrated Shield Plan Claims and Reimbursements. For more information, please visit http://www.cpf.gov.sg>> FAQ >> Healthcare. REIMBURSEMENT INFORMATION FOR EMPLOYERS AND INSURERS. Reimbursement should be made to cash outlay first, followed by Medisave, then MediShield Life OR the Integrated Shield Plan. To make reimbursement to Medisave and MediShield Life, submit through internet at http://www.cpf.gov.sg and proceed to Employers>> Services>> Medisave/MediShield Life Reimbursement. To reimburse to an Integrated Shield Plan, please pay directly to the private insurer offering the Integrated Shield Plan.

PAYMENT - Please pay immediately on receipt of the bill. Cheque payments should be crossed and made payable to SINGAPORE GENERAL HOSPITAL. Please write the Case / Invoice Number, Payer Name and Contact Number behind the cheque and mail to Singapore Health Services Pte Ltd, Bukit Merah Central Post Office, PO Box 540, Singapore 911532. Payment can be made by internet at https://ePay.singhealth.com.sg/sgh or vBOX at www.vbox.com.sg, AXS station, S.A.M (Self-Service Automated Machine), Singapore Post branches, 7-Eleven stores, iNETS Kiosks, Cheers and FairPrice Xpress outlets. Payment can also be made at SGH's Business Office, Admissions Office or at the A&E registration counters.



Health Information Management Services(HIMS) Medical Reports Section Tel: 6372 4696 Fax: 6321 4785

Singapore General Hospital Outram Road Singapore 169608

www.sgh.com.sg Reg No: 198703907Z

GST Reg No: M9-0368910-N

# Payment Receipt/Tax Invoice

Receipt No

MRPR/08885/2017

Date

: 21-08-2017

Payee's Name:

RIAZ LLC

Address

ADVOCATES & SOLICITORS

133 NEW BRIDGE ROAD #09-09 CHINATOWN POINT

SINGAPORE 059413

Requestor:

HRN

RIAZ LLC

Our Ref

: MR/13470/2017/201716729

Patient :

NEO CHOON SENG (LIANG

Your Ref

RA,509846.L(K)

CHUNSHENG)

S7801984J

Currency

SGD

Payment Mode

CHEQUE

Bank

UOB

Cheque/Card No:

335654

S/No	Description	Qty	Unit Price SGD	Total Price SGD
	SPECIALIST MEDICAL REPORT	1	\$240.00	\$240.00
	SI ECIALIOT MEDICI	Sub-Total		\$240.00
		7 % GST		\$16.80
		Total Amou	nt Payable	\$256.80
		Amount Re		\$256.80
		(MRPR/088 Balance Am	85/2017)	\$0.00

Remarks:



ORIGINAL

GST REG NO : M90368910N

GDRNFA / FB / 29.08.2017 1335 hrs / Page 1 of 1

NEO CHOON SENG (LIANG CHUNSHENG)

Tax Invoice Number: 681722921280010 :6817229212B-0010-01 Bill Ref Number :29.08.2017 1335 hrs

348 UBI AVENUE 1

Tax Invoice Date Patient NRIC/HRN : S7801 984J

#04-1059 SINGAPORE 400348

:29.08.2017 1333 hrs Visit Date Visit / Bill Location :GEDCD / GXDDRAICC /

OTO

Patient: NEO CHOON SENG (LIANG CHUNSHENG)

:SUBSIDISED **Payment Class** : Cash/Credit Type of Supply

			QUANTITY	AMOUNT(S\$)
SERVICE CODE	DESCRIPTION			
ONSULTATION AND SER	VICES		Subtotal	1015.00
CONSULTATION AND CLIC	MRI		1	1015.00
	MRI Lumbar Spine		Subsidy)	1015.00
5014708		Subtotal Charges (before Governm	nent Subsett	-710.50
		Less: Govern	ment Subsity	304.50
		Subtotal Charges (after Governm	nent Subsity)	304.50
		Total Cha	arges Payaable	1
<u> </u>				304.50
PEC	DE TAY			21.32
AMOUNT PAYABLE BEFO ADD: 7% GST				325.82
	ED TAY			-21.32
AMOUNT PAYABLE AFTE LESS : GST ABSORBED	BY THE GOVERNMENT			304.50
				304.50
NET AMOUNT PAYABLE NEO CHOON SENG (LIA	NG CHUNSHENG)			
AVMENT		2017 VISA/MASTER	304.8	304.5
NEO CHOON SENG (LIA	NG CHUNSHENG)			
AMOUNT DUE FROM NEO CHOON SENG (LIA	NG CHUNSHENG)			0.0
NEO OLIGORI DE LA				1
				1
}				1
1	JRUL FARHANA BINTE AFANDI ***	in to much poline		

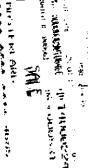
You are served by NURUL FARHANA BINTE AFANDI

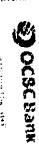
"VIEW YOUR MEDISAVE AND/ OR MEDISHIELD LIFE CLAI INDETAILS ONLINE: Login to mycpf online services with your Singpass at http://www.cpf.gov.sg and proceed to My Statement>> Section 8>> Medisave/MediShield Life/Integrated Shield Plan Clasing and

Reimbursements. For more information, please EMPLOYERS AND INSURERS : Reimburseme Integrated Shield Plan. To make reimbursemen to Employers>> Services>> Medisave/MediShk private insurer offering the Integrated Shield Pla PAYMENT - Please pay immediately on receipt HOSPITAL Please write the Case / Invoice Nur. Services Pte Ltd, Bukit Merah Central Post Offic https://ePay.singhealth.com.sg/sgh or vBOX at v branches, 7-Eleven stores, INETS Kiosks, Chee Admissions Office or at the A&E registration cou











ORIGINAL I	MEDICAL CERTIFICATE	OTO2017302412
Name NEO CHOON SENG (LIANG, CHUNSHENG)		NRIC No. S7801984J
This is to certify that the abovenamed is unlit for duty for a peinclusive	priod of N.A. days f	rom N.A. to N.A.
Type of medical leave granted :  Hospitalization Leave	Outpetient Sick Lea	ave
Admitted on :  Discharged on :	Maternity Leave,  Sterilization Leave.	Operated on
This certificate is not valid for absence from cou		
Fit for light duty from 17-Aug-2017  Comments: avoid carrying of heavy loads, a	to 14-Nov-2017 avoid prolonged sitting and standing	
The abovenamed patient attended my clinic at No medical leave is necessary.		left at / N.A.
Hospital/Clinic Orth, Sports & Joint Ctr Camden	Ward No. Camden Med. Ctr Lvi 15	Signature, Name (in BLOCK LETTERS) and Designation/MCR (to.
Singapore General Hospital	Date 17-Aug-2017	LIN HENG AN, 13079F



Eastern Community Health Centre (Tampines) Our Tampines Hub 1 Tempiner Walk, #03-33 Singapore 528523 T) 6782 6885 (F) 6782 9591

# TAX INVOICE

PTMSHS1 / FB / 05.09.2017 1448 hrs / Page 1 of 1

NEO CHOON SENG (LIANG CHUNSHENG)

348 UBI AVENUE 1

#04-1059

(

SINGAPORE 400348

Patient: NEO CHOON SENG (LIANG CHUNSHENG)

Tax Invoice Number: TM17092899F0004 Tax Invoice Date : 05.09.2017 1447 hrs

Patient NRIC/HRN : S7801984J

Case Visit Number : TM17092899F-0004 Visit Date : 05.09.2017 1414 hrs
Visit/ Bill Location : PCLTM / PCLTM / MED

	DESCRIPTION	AMOUNT		NT (S\$)
PPMSS	OTHER PROCEDURES	QUANTITY	Full Amount	Payable Amoun
	CHC - PHYSIOTHERAPY SESSION SHORT (MS) Subtotal	1	42.06	42.0
TOTAL CHARGE			42.06	42.0
AMOUNT PAYAB ADD: 7% GST			42.06	
AMOUNT PAYABL	E AFTER TAX			42.06
NET AMOUNT PA	YABLE		}	2.94
BLUE CHAS ALLIE	D HEALTH SUBSIDY		-	45.00 45.00
NEO CHOON SEN	G (LIANG CHUNSHENG)		ł	16.00
<b>PAYMENT</b> BLUE CHAS ALLIEI EHA HEALTH ASSI	O HEALTH OUR OW			11.00 18.00 0.00
		40.00		0.00
BLUE CHAS ALLIED HA HEALTH ASSIS	HEALTH SUBSIDY	18.00		18.00
EO CHOON SENG	(LIANG CHUNSHENG)			16.00
HCEB			1	11.00
HCE	S7801984J S7801984J	1	]	0.00
You are served by SE	ET HUI SHUANG @ SEET CHIN Y		1	





Eastern Community Health Centre (Tampines) Our Tampines Hub
2 Tampines Walk,
#03-33 Singapore 528523
(\*\*) 6782 6885 (\*\*) 6782 9591

PTMSHS1 / FB / 04.10.2017 1501 hrs / Page 1 of 1

NEO CHOON SENG (LIANG CHUNSHENG)

Tax Invoice Number: TM17092899F0005

348 UBI WENUE 1

Patient NRIC/HRN : \$7801984J

Tax Invoice Date : 04.10.2017 1501 hrs

#04-1059

Case Visit Number : TM17092899F-0005 Visit Date : 04.10.2017 1420 hrs

SINGAP (RE 400348

Visit/ Bill Location : PCLTM / PCLTM / MED

Patient: NEO CHOON SENG (LIANG CHUNSHENG)

Payment Class : ADULT

	· ··· <del>- · · · · · · · · · · · · · · · ·</del>		AMOU	
SERVICE CODE	DESCRIPTION	QUANTITY	Full Amount	Payable Amount
<del></del>	OTHER PROCEDURES			
PPMSS	CHC - PHYSIOTHERAPY SESSION SHORT (MS)	1	42.06	42.06
	Subtotal		42.06	42.06
TOTAL CHARGE	s		42.06	
AMOUNT PAYAB ADD : 7%GST	LE BEFORE TAX			42.06 2.94
AMOUNT PAYAB	LE AFTER TAX			45.00
NET AMOUNT PA	AYABLE			45.00
	ED HEALTH SUBSIDY			16.00
	SIST INTERIM FUND NG (LIANG CHUNSHENG)			11.00 18.00
PAYMENT				
	ED HEALTH SUBSIDY SIST INTERIM FUND			0.00
	NG (LIANG CHUN <b>SH</b> 10.2017 NETS	18.00		0.00
	NO (EIANO CHONOFITO.2017 NETS	18.00		18.00
AMOUNT DUE	ED HEALTH SUBSIDY			40.00
	SIST INTERIM FUND			16.00 11.00
	NG (LIANG CHUNSHENG)			0.00
CHCEB	S7801984J			
CHCE	\$7801984J			
*** You are served b	y SEET HUI SHUANG @ SEET CHIN Y			





**ORIGINAL** 

GST REG NO: M90368910N

GSONMR2 / FB / 12.10.2017 1450 hrs / Page 1 of 1

NEO CHOON SENG (LIANG CHUNSHENG)

Tax Invoice Number: 6817229212B0013 :6817229212B-0013-01 Bill Ref Number

348 UBI AVENUE 1

Tax Invoice Date :12.10.2017 1450 hrs

#04-1059

Patient NRIC/HRN :S7801984J

SINGAPORE 400348

Visit Date

:12.10.2017 1422 hrs Visit / Bill Location : GEOCD / GEOCD / OTO

Patient: NEO CHOON SENG (LIANG CHUNSHENG)

Payment Class

:SUBSIDISED

Type of Supply

: Cash/Credit

SERVICE CODE	DESCRIPTION			QUANTITY	AMOUNT(S\$)
CONSULTATION AND SE	RVICES				
	PROFESSIONA	AL FEES - DOCTOR		Subtotal	97.00
76001463	CONSULT - RE	PEAT VISIT		1	97.0
		s	ubtotal Charges (befor	e Government Subsidy)	97.0
			=	s: Government Subsidy	-67.9
			Subtotal Charges (after	er Government Subsi <b>dy</b> )	29.1
				Total Charges Payable	29.1
					29.1
AMOUNT PAYABLE BEFO ADD: 7% GST	DRE TAX				2.0
AMOUNT PAYABLE AFTE	ER TAX				31.1
LESS : GST ABSORBED					-2.0
NET AMOUNT PAYABLE					29.1
NEO CHOON SENG (LIA)					29.1
PAYMENT			NETO	2 <b>9</b> .10	29.1
NEO CHOON SENG (LIAI	NG CHUNSHENG)	12.10.2017	NETS	29.10	ή -

AMOUNT DUE FROM

**NEO CHOON SENG (LIANG CHUNSHENG)** 

Section 14 . . FEET 1 - 501 364 մ - հ

3 4 1 3 4 4 B 1

\*\*\* You are served by NURHIDAYA BINTE M RAHMAN \*\*\*

TOTAL

\$29,10

"VIEW YOUR MEDISAVE AND/ OR MEDISHIELD LIFE CLAIM DETAILS ONLINE: Login to mycpf online serv http://www.cpf.gov.sg and proceed to My Statement>> Section B>> Medisave/MediShield Life/Integrated Shield Reimbursements. For more information, please visit http://www.cpf.gov.sg>> FAQ >> Healthcare. REIMBURSE EMPLOYERS AND INSURERS : Reimbursement should be made to cash outlay first, followed by Medisave, t Integrated Shield Plan. To make reimbursement to Medisave and MediShield Life, submit through internet at hi to Employers>> Services>> Medisave/MediShield Life Reimbursement. To reimburse to an Integrated Shield F private insurer offering the Integrated Shield Plan."

PAYMENT - Please pay immediately on receipt of the bill. Cheque payments should be crossed and made pay HOSPITAL. Please write the Case / Invoice Number, Payer Name and Contact Number behind the cheque and Services Pte Ltd, Bukit Merah Central Post Office, PO Box 540, Singapore 911532. Payment can be made by https://ePay.singhealth.com.sg/sgh or vBOX at www.vbox.com.sg, AXS station, S.A.M. (Self-Service Automate branches, 7-Eleven stores, iNETS Kiosks, Cheers and FairPrice Xpress outlets. Payment can also be made at Admissions Office or at the A&E registration counters.

mffffilelil

BERT FIRE MORE 102 m \$ 100 (140 m) 2 m = 5 (140 m) 4.0 and Pills Francisco A GMA on Description

Eastern Community Health Cantre (Tampines) Our Tampines Hub 1 Tampines Walk, #03-33 Singapore 528523 (1) 6782 6885 (2) 6782 9591

#### TAX INVOICE

PTMTBS / FB / 24.10.2017 1454 hrs / Page 1 of 1

NEO CHOON SENG (LIANG CHUNSHENG) Tax Invoice Number: TM17092899F0006

348 UBI AVENUE 1

#04-1059

SINGAPORE 400348

Patient: NEO CHOON SENG (LIANG CHUNSHENG)

Tax Invoice Date : 24.10.2017 1453 hrs

Patient NRIC/HRN : S7801984J

Case Visit Number: TM17092899F-0006 Visit Date

: 24.10.2017 1420 hrs Visit/ Bill Location : PCLTM / PCLTM / MED

Payment Class : ADULT

SERVICE CODE				AMOL		
SERVICE CODE		SCRIPTION	QUANTITY	Full Amount	Payable Amount	
_	OTHER PROCEDURES					
PPTRV	CHC - PT REVIEW		1	23.36	23.36	
	Subtotal			23.36	23.36	
TOTAL CHARGE	:S			23.36	<u> </u>	
AMOUNT PAYAR ADD: 7% GST	BLE BEFORE TAX				23.36 1.64	
AMOUNT PAYAR	BLE AFTER TAX				25.00	
NET AMOUNT PA	AYABLE				25.00	
EHA HEALTH AS	IED HEALTH SUBSIDY SIST INTERIM FUND NG (LIANG CHUNSHENG)				16.00 0.00 9.00	
EHA HEALTH AS	IED HEALTH SUBSIDY SIST INTERIM FUND NG (LIANG CHUN <b>SH</b> 10.2017	NETS	9.00		0.00 0.00 9.00	
AMOUNT DUE BLUE CHAS ALLI EHA HEALTH AS	IED HEALTH SUBSIDY SIST INTERIM FUND NG (LIANG CHUNSHENG)	-	0.00		16.00 0.00 0.00	

CHCEB S7801984J CHCE S7801984J \*\*\* You are served by TAN BEE SAN \*\*\*

NET'8

HETSUGOOGO "X81072 EASTERN CHC TAMPINES OTH THANK YOU 111875165000 87518501 003641 REF:7801984 NETS PURCHASE SAU DBS BANK H27500060

\$9.00

APPROVED

Win \$10,000 with METS! Register: netsit.com, se

#### **Eastern Community Health Centre** (Tampines) Our Tempines Hub 1 Tampines Walk, #03-33 Singapore 528523 (†) 6782 6885 (†) 6782 9591

#### TAX INVOICE

PTMSHS1 / FB / 24.11.2017 1458 hrs / Page 1 of 1

NEO CHOON SENG (LIANG CHUNSHENG)

Tax Invoice Date

Tax Invoice Number: TM17092899F0007

348 UBI AVENUE 1

Patient NRIC/HRN : \$7801984J

: 24.11.2017 1458 hrs

#04-1059

Case Visit Number : TM17092899F-0007

SINGAPORE 400348

Visit Date

: 24.11.2017 1421 hrs

Patient: NEO CHOON SENG (LIANG CHUNSHENG)

Visit/ Bill Location : PCLTM / PCLTM / MED

Payment Class

: ADULT

SERVICE CODE				IT (S\$)	
SERVICE CODE	DESCRIPTION	QUANTITY	Full Amount	Payable Amount	
	ER PROCEDURES				
PPMSS CHC	- PHYSIOTHERAPY SESSION SHORT (MS)	1	42.06	42.06	
	Subtotal		42.06	42.06	
TOTAL CHARGES			42.06		
AMOUNT PAYABLE BE	FORE TAX	İ		42.06	
ADD:7% GST				2.94	
AMOUNT PAYABLE AF			45.00		
NET AMOUNT PAYABL	E			45.00	
BLUE CHAS ALLIED HE				16.00	
EHA HEALTH ASSIST I				11.00	
NEO CHOOM SENG (LI	ANG CHUNSHENG)			18.00	
PAYMENT					
BLUE CHASALLIED HE	ALTH SUBSIDY			0.00	
EHAHEALTH ASSIST II	NTERIM FUND			0.00	
NEO CHOON SENG (LIA	ANG CHUNSH11.2017 NETS	18.00		18.00	
AMIOUNT DUE				10.00	
BLUE CHASALLIED HE	ALTH SUBSIDY			16.00	
EHAHEALTH ASSIST II			:	11.00	
NEOCHOON SENG (LIA				0.00	
	\$7801984J				
•	\$7801984J				
NETE	SHUANG @ SEET CHIN Y				

NET SUD 006 D UX81002 EAS TERN C HC TAMPINES 0TH THANK YOU 111 875 185 000 875 18501 003 865 REF: 7801984 NET'S PURCHASE SAU DBS BANK

24 MHOU , 2017 003 065 5 14:57:37 511749 TOT 🗪 = \$18.00

APPROVE D

Win (10 0000 wit hHETS! RePi,ster: netsi t,com.s9

---- ... ---- .....





UEN/GST No: 201104912W (Eastern Health Alliance Pte Ltd)

### Eastern Community Health Centre (Tampines) Our Tampines Hub 1 Tempines Walk, #03-33 Singapore 528523 © 6982 6885 © 6981 9591

#### TAX INVOICE

PTMTBS / FB / 22.12.2017 1437 hrs / Page 1 of 1

NEO CHOON SENG (LIANG CHUNSHENG)

Tax Invoice Number: TM17092899F0008

348 UBI AVENUE 1

Tax Invoice Date : 22.12.2017 1436 hrs

#04-1059

Patient NRIC/HRN : S7801984J

SINGAPORE 400348

Case Visit Number: TM17092899F-0008

: 22.12.2017 1425 hrs Visit/ Bill Location : PCLTM / PCLTM / MED

Patient: NEO CHOON SENG (LIANG CHUNSHENG)

Payment Class : ADULT

			AMOU	NT (S\$)
SERVICE CODE	DESCRIPTION	QUANTITY	Full Amount	Payable Amount
	OTHER PROCEDURES			
PPTRV CHC	CHC - PT REVIEW	1	23.36	23.3
	Subtotal		23.36	23.3
TOTAL CHARGE	ES		23.36	
AMOUNT PAYA ADD: 7% GST	BLE BEFORE TAX			23.3 1.6
AMOUNT PAYA	BLE AFTER TAX			25.0
NET AMOUNT P	AYABLE			25.0
BLUE CHAS ALL	LIED HEALTH SUBSIDY			16.0
EHA HEALTH AS	SSIST INTERIM FUND			0.0
NEO CHOON SE	ENG (LIANG CHUNSHENG)			9.0
PAYMENT				
	LIED HEALTH SUBSIDY			0.0
	SSIST INTERIM FUND			0.0
AMOUNT DUE	ENG (LIANG CHUNSSH12,2017 NETS	9.00		9.0
	LIED HEALTH SUBSIDY			16.0
EHA HEALTH AS	SSIST INTERIM FUND			0.0
	NG (LIANG CHUNSHENG)			0.0
CHCEB	S7801984J			
CHCE	S7801984J			
	EE SAN ***			1

MET SUGGOOD VX8 VX61042 OTH
THANK YOU
111 8751,85000 87518501
104 060 REF:7801984
MET 3 FURCHASE SAV TOT AL \$9.00

> APPR OVED NE 18

and the contract of the second





SINGAPORE GENERAL HOSPITAL PTE LTD ORTHOPAEDIC SPORTS & JOINT CENTRE LEVEL 15, #15-01 TO 07 1 ORCHARD BOULEVARD CAMDEN MEDICAL CENTRE SINGAPORE MARKO

ORIGINAL

GST REG NO: M90368910N

GSOTBK / FB / 11.01.2018 1627 hrs / Page 1 of 1

NEO CHOON SENG (LIANG CHUNSHENG)

Tax Invoice Number: 6817229212B0015

348 UBI AVENUE 1

Bill Ref Number :6817229212B-0015-01

#04-1059

Tax Invoice Date :11.01.2018 1627 hrs

SINGAPORE 400348

Patient NRIC/HRN : S7801984J

:11.01.2018 1547 hrs

Visit / Bill Location : GEOCD / GEOCD / OTO

**Payment Class** 

:SUBSIDISED

Patient: NEO CHOON SENG (LIANG CHUNSHENG)

Type of Supply : Cash/Credit

SERVICE CODE	DESCRIPTION	İ		QUANTITY	AMOUNT(\$\$)
CONSULTATION AND SER	RVICES				
	PROFESSIO	VAL FEES - DOCTO	DR.	Subtotal	97.0
76001463	CONSULT - F	EPEAT VISIT		1	97.0
			Subtotal Charges (before	re Government Subsidy)	97.0
			Les	s: Government Subsidy	-67.9
			Subtotal Charges (after	er Government Subsidy)	29.1
			· · · · · · · · · · · · · · · · · · ·	Total Charges Payable	29.1
AMOUNT PAYABLE BEFO ADD: 7% GST	PRE TAX	<u> </u>			29.1 2.0
AMOUNT PAYABLE AFTE LESS : GST ABSORBED I		r			31.1 -2.0
NET AMOUNT PAYABLE					29.1
NEO CHOON SENG (LIAN	IG CHUNSHENG)				29.1
PAYMENT NEO CHOON SENG (LIAN	IG CHUNSHENG)	11.01.2018	NETS	29.10	29.1
	,				
ANOUNT DUE FROM NEO CHOON SENG (LIAN	IG CHUNSHENG)				0.0
!					
ELB.	ON TAN BEE KHIM ***	•			

85-4.0 ≋்ரை∌ 🗗 Amin gerffen a Re jal Hede AU €\$#i 11 **a** 834 64 67 W #8**9168**334 國第 UAS A 16 112, in 113, defent di óΒ:≞. 0110 ექც დენი — მაგემებ ეგ შენგლიმ (16

ID/ OR MEDISHIELD LIFE CLAIM DETAILS ONLINE: Login to mycpf online services with your Singpass at ceed to My Statement>> Section B>> Medisave/MediShield Life/Integrated Shield Plan Claims and iformation, please visit http://www.cpf.gov.sg>> FAQ >> Healthcare. REIMBURSEMENT INFORMATION FOR RS: Reimbursement should be made to cash outlay first, followed by Medisave, then MediShield Life OR the ke reimbursement to Medisave and MediShield Life, submit through internet at http://www.cpf.gov.sg and proceed fledisave/MediShield Life Reimbursement. To reimburse to an Integrated Shield Plan, please pay directly to the egrated Shield Plan.

idiately on receipt of the bill. Cheque payments should be crossed and made payable to SINGAPORE GENERAL Sase / Invoice Number, Payer Name and Contact Number behind the cheque and mail to Singapore Health Central Post Office, PO Box 540, Singapore 911532. Payment can be made by internet at g/sgh or vBOX at www.vbox.com.sg, AXS station, S.A.M. (Self-Service Automated Machine), Singapore Post ETS Klosks, Cheers and FairPrice Xpress outlets. Payment can also be made at SGH's Business Office, LE registration counters.

K PROUEN

सक्तार इत्यास्ट्रिक अस्ता करणा है।

**\$**29.10

2 3322

#### PHYSIOTHERAPY INITIAL ASSESSMENT REPORT

Referrin	g Doctor's Details	Patients Details				
Name	: Dr. Tham Hooi Man	Name	:Neo Choon Seng Liang Chunsheng			
Clinic	: CGH A&E	NRIC	: \$7801984J			
Address	: 2 Simel Street 3	Date of Bir	th : 19/01/1978			
	Singapore 529889	Gender	: <u>M</u> /F			
Dear Dr.	Tham Hooi Man,					
Thank yo	ou for your referral to Eastern CHC (Tampir	ies). We have	e reviewed the above-mentioned			
patient a	and would like to update you on the rehabi	litation progr	ress.			
Proble	ms/Diagnosis presented at Intake: Acute	Neck Sprain 2	' to RTA			
- c/o gr	r. 5/10 constant sharp pain w/ warm sensat	ion over who	ole posterior neck and stiffness over			
	erscapulae, aggravates upon neck and shou		,			
	relling over posterior neck at $\sim$ C4-C5 level r					
	ch: mild stuttering (pt. reported that speech		·			
	ght involuntary shaking of body (pt reporte	d that it start	ted only after RTA)			
1	ed neck and shoulder AROM d/t pain					
- (+) gr	. 3 tenderness over whole posterior neck, r	III warmtn				
Treatm	nent Plan:	<del></del>				
- Myofa	ascial therapy/Manual therapy over CxSp to	o improve pai	in and ROM			
- Neck	and shoulder AROM/strengthening exercis	es progressiv	ely as tolerated w/ HEP			
Therap	y goals:	<u> </u>				
- To im	prove neck and shoulder AROM w/ decrea	sed pain				

No. of sessions planned: 4 Date of first session: 27/06/17

Please do not hesitate to inform me if you need more information.

Physiotherapist's Name and Signature: Chug Czarmayne Chan

Date: 27/06/17



# Please bring this Referral Letter and your Identity Card / Passport / Work Permit / Birth Certificate(if <12yrs) on the day of your appointment.

# **Referral For Continuation Of Treatment**

These documents will help us speed up your Registration at the Specialist Clinics when you come for your appointment.

To: Attending ORTHOPAEDICS Doctor

TCU Duration: Others (Please Specify); open date

Date of Visit:	22-Jun-2017 1	7:17		_	Doctors Deci	810N 	
Name of patient :	NEO CHOON	SENG LIANG (	CHUNSHENG			Appt Date :	
NRIC:	S7801984J	Account	Number: 6917373	8003H	<i>,</i>	Appt Time : SOC :	
Address :	Blk 348 #04-1	059 UBI AVE	ENUE 1 Singapore	400348	X-Ray No :Stitches Removal Date :		
Telephone :	67468892, 933	<u>-</u> ,			Stitches Rem Nam	ne of Staff;	
f of Birth:	19-Jan-1978	Sex: Male	e Bara ·	Chinese	<u>, </u>		
-				- Crimicoc			······································
CINAL DIAGNOS	SIS :	Neck spr	ain				
Referral Remarks	•						
- Others (Please S	pecify); open da	te					
Triage Information	on						
Jime Of Triage:		22-Jun-201	I7 17:21	Triage Category	<b>y</b> :	P3	
Arrival From :		Own Trans	port				
Travel History :		Yes		Travel in the las	st 21 days? :	Yes	
Travel Destination : Asia Vietna		Asia Vietnam*					
Does patient have	Fever or Flu-like	Symptoms in	the last 21 days?:	No			
Chief Complaint :		Neck pain,	headache and right	hand pain after be	eing banged by	y car from behind	
:Additional Chief Co	omplaint:	NIL LOC, 1	NIL Nausea and vom	niting. NIL blurring	of vision, NIL I	Head Injury	
al Signs							
emperature (°C):		37.2		Shock Index : Adjusted Shock	: Index	0.79	
·Pulse Rate (/min :		114		PEFR:			
Respiration (/min)	:	20		SaO2:		100	
Blood Pressure (m		144/91		Level of Consci	ousness:	0: Alert	
Blood Sugar (mmo	1/1):			MEW Score :		3	
Weight (kg) : GCS				Total GCS :			
Eye Opening:		Verbal Res	ponse :	Motor Respon	se:		
Unable to Assess :				Location:		Back of neck	
Pain Score:		9		Duration:		Today	
Th	am Hool Man Doctor dr61920e						
Accide	ent & Emergenc	y				, / /	•
Attendi	ng Doctor's Na	me				Doctor's Signature	

EASTERN
ALLIANCE

Page: 1 of 4



Date of Visit:

22-Jun-2017 17:17

Name of patient:

**NEO CHOON SENG LIANG CHUNSHENG** 

NRIC:

S7801984J

Account Number: 6917373003H

Address:

Blk 348 #04-1059 UBI AVENUE 1 Singapore 400348

Telephone:

67468892, 93366897

Date of Birth:

19-Jan-1978

Sex: Male

Race: Chinese

#### Physical Exam 1:

alert, conscious not tachypneic GCS 15/15 PEARL, ROM full

tender along midline of cervical spine, no swelling

ROM limited d/t pain

no thoracolumbar spine tenderness

Lungs clear CVS S1S2

abdomen soft, not tender

no seat belt sign

chest spring negative/pelvic spring negative

+bruises and tender over metacarpal area of right middle, ring and little fingers

able to move all fingers

#### **Doctor's Notes**

Initial Progress Notes:

**PCM** 

IM ketorolac

d/w DR Mong

Plan:

for CT cervical

CT cervical spine: no obvious fracture/misalignment

IMP: neck strain

reassess patient at 12; 00GH claim neck pain slightly improved

IM Tramadol PO Anarex

Plan; discharge analgesia

TCU PT Policlinic

Tham Hooi Man Doctor dr61920e

Accident & Emergency

Attending Doctor's Name

**Doctor's Signature** 

A MEMBER OF **EASTERN** 

Page: 3 of 4

23 Jun 2017 00:50

ALLIANCE



Date of Visit:

22-Jun-2017 17:17

Name of patient: NEO CHOON SENG LIANG CHUNSHENG

NRIC:

S7801984J

Account Number: 6917373003H

Address:

Bik 348 #04-1059 UBI AVENUE 1 Singapore 400348

Telephone:

67468892, 93366897

Date of Birth:

19-Jan-1978

Sex: Male

Race: Chinese

Quality:

Aching

#### Main Complaints

Historian:

74

14

Patient

Chief Complaint:

39y/o male NKDA

nll PMHx

Presenting illness:

patient involved in RTA around 5pm today

patient was the car driver

claim the car in front pull a emergency break

the car behind hit at the back while patient trying to stopped his car

c/o neck pain after that with limited movement c/o pain over right dorsal aspect of the hand claim the right hand hit the dashboard

no chest pain/no SOB no abdominal pain denied head injury no LOC, no headache

no giddiness/blurring of vision

no other injury able to ambulate no weakness

Physical Examination

Tham Hooi Man Doctor dr61920e

Accident & Emergency

Attending Doctor's Name

Doctor's Signature

Page: 2 of 4

A MEDIBER OF EASTERN ALLIANCE

23 Jun 2017 00:48



Date of Visit:

22-Jun-2017 17:17

Name of patient :

NEO CHOON SENG LIANG CHUNSHENG

NRIC:

S7801984J

Account Number: 6917373003H

Address:

Blk 348 #04-1059 UBI AVENUE 1 Singapore 400348

Telephone:

67468892, 93366897

Date of Birth:

19-Jan-1978

Sex: Male

Race: Chinese

IV / IM Procedures

Time Prescribed **Order Name** 

, 22-Jun-2017 21:03 Ketorolac Trometamol

Injection

; 23-Jun-2017 00:19 Tramadol HCI Injection

**Duration Frequency Dosage** 

Once

Once

Once

30 mg

50 mg

Performed By Nurse Hazelinda

Binte Mustaffa (21:25)

**Doctor Tham Hool** Man (00:27)

Doctor Tham Hool Man

Doctor Tham Hool Man

Sedside Medication

'Time Prescribed Order Name

22-Jun-2017 17:26 Paracetamol Tablet

**Duration Frequency Dosage** 

1 g

Performed By Nurse Kenneth Chia Jin Long (17:26)

Prescribed By

Prescribed By

Nurse Kenneth Chia Jin

Tham Hooi Man Doctor dr61920e

Accident & Emergency

**Attending Doctor's Name** 

**Doctor's Signature** 

**EASTERN** ALLIANCE

Page: 4 of 4



Traffic Police 10 Ubl Avenue 3 Singapore 408865 Tel +65 6547 0000 Fax +65 6547 4883 www.police.gov.sg

Our Ref Date : TP/IP/33569/2017 : 1 AUGUST 2017

NEO CHOON SENG BLK 348 UBI AVE 1 #04-1059 SINGAPORE 400348

Dear Sir/Madam

ROAD TRAFFIC ACCIDENT INVOLVING SKC 2034 T, SJT 589 U AND SHD 6665 B ALONG PIE ON 22.06.2017

I refer to the above accident.

Please be informed that we have completed our investigations which revealed that the driver of <u>SHD</u> 6665 B had committed an offence of Careless Driving under Rule 29 of the Road Traffic Rules. Action has been initiated against the driver for the said offence.

Yours faithfully

HEAD INVESTIGATION TRAFFIC POLICE SINGAPORE POLICE FORCE

This is a computer-generated letter. No signature is required.

#### PRECISE AUTO SERVICE

NO 1 KAKI BUKIT AVE 6 #02-34/36 AUTOBAY SINGAPORE 417883

TEL: 6745 7367 FAX: 6841 3390

CO. REG. NO.: 35766600C GST REG. NO.: 35766600C

Accident Date: 22-06-17

OUR REF: SJT 589U/T/17

TAX INVOICE

Neo Choon Seng

Blk 348 Ubi Avenue 1

#04-1059

Singapore 400348

Invoice No.: **TP**1710-010

DATE: 02-10-17

FINAL BILL ON VEH. NO.: SIT 589U VEHICLE MODEL: KIA CERATO

PART BY PART REPAIR

**INCLUDING SUPPLY OF PARTS & LABOUR** 

PANEL BEATING & SPRAY PAINTING

21,000.00

SUB-TOTAL :

21,000.00

ADD GST 7%

1,470.00

TOTAL AMOUNT SGD

22,470.00

This is a computer generated document and requires no signature.

# CHARTERED AUTO ASSESSORS

17 Joo Seng Road #08-129 Joo Seng Heights Singapore 360017 Reg No. 26910200X Tel: +65 9631 7008 Fax: +65 6281 9989 Email: charteredauto@gmail.com

**Neo Choon Seng** 

Block 348 Ubi Avenue 1, #04-1059

Singapore, 400348

Invoice No

: 1706088

Date

: 31 August, 2017

DESCRIPTION			AMOUNT
Your Ref	: SJT 589 U		
Our Ref	: 201706198/CA		
Vehicle No	: SJT 589 U		
Workshop	: Precise Auto Service		
Survey Fee			1,094.00
Out of Pocket			
Photograph Transport	es		
****		Total : \$	1.094.00

Please make cheque payment to: CHARTERED AUTO ASSESSORS

CHARTERED AUTO ASSESSORS

Authorised Signature

# CHARTERED AUTO ASSESSORS

17 Joo Seng Road #08-129 Joo Seng Heights Singapore 360017 Reg No. 26910200X Tel: +65 9631 7008 Fax: +65 6281 9989 Email: charteredauto@gmail.com

**Neo Choon Seng** 

Block 348 Ubi Avenue 1, #04-1059

Singapore, 400348

Your Ref

: SJT 589 U

Our Ref Date : 201706198/CA : 31 August, 2017

Survey

: Third Party

#### SURVEY REPORT

**PARTICULARS OF VEHICLE** 

Vehicle No.

: SJT 589 U

Propellant

: Petrol. Auto

Make

: Kia

Capacity

: 1600 cc

Type of Body

: 4 Doors Saloon

Mileage

: 1706088 : G4FC9H282609

Year & Model

: 2009, Cerato Ex Forte

Engine No

: KNAFU411MA5110839

Colour : Blue Passenger-cap : 4

Chassis No Road Tax

: September, 2017

TYRES CONDITIONS

Front Left Front Right : Kenda : Kenda Worn : 30% Worn : 30% Size Size

: 205/55 R16 : 205/55 R16

Rear Left

: Hankook

Worn: 20%

Size

: 205/55 R16

Rear Right

: Hankook

Wom: 20%

Size

: 205/55 R16

PRE-ACCIDENT CONDITION (Static Test Only)

Handbrake

: Serviceable

Steering

: Serviceable

**Footbrake** 

: Serviceable

**Paintwork** 

: Good

QUANTUM

Repair Estimate

: \$ 28.201.00

Revised Amount: \$ 21,000.00

(Lump-sum Without Prejudice)

Under normal circumstances, the repair period would be:

twenty-one (21) days.

We have not authorised repairs.

Survey Done At

: Precise Auto Service

1 Kaki Bukit Avenue 6, #02-34/36

Autobay @ Kaki Bukit Singapore, 417883

Assignment Date

: 27 June, 2017

Survey Date Accident Date : 27 June, 2017 : 22 June, 2017

Accident Date
Assignment Given By

: Neo Choon Seng

Description	Qty		Repair Estimate	Revised Amount	
Front bumper fascia	1	20/00	575.00	575.00	Torn/Deformed /
Front bumper side retainer	2	Sul	42.00	42.00	To replace /
Front bumper bracket	2	11	62.00	62.00	Bent /
Front bumper reinforcement	1	1 de	173.00	173.00	Bent /
Front bumper sponge	1	Tois	79.00	79.00	Torn
Front bumper clip	10	w	70.00	70.00	To replace
Front bumper lower centre grille	1	cA	40.00	40.00	Cracked /
Front bumper number plate plinth	1	nu	48.00	48.00	Bent/Deformed
Headlamp assy	2	Com	934.00	934.00	Casing Cracked -
headlamp bracket	2	sul	48.00	48.00	Bent
Front grille assy	1	CAR	207.00	207.00	Grazed/Broken /
Front grille emblem	1	nu	55.00	55.00	To replace
Front grille clip	6	M	42.00	42.00	To replace -
Rear bootlid assy	1	340	747.00	747.00	Bent -
Rear bootlid upper lock	1	34		113.00	Bent
Rear bootlid lower lock striker	1	1-1	20.00	20.00	Bent
Rear bootlid lock release cable	1	In	58.00	58.00	Bent/Stiffed
Rear bootlid rubber stopper	2	nn	26.00	26.00	To replace &
Rear bootlid weatherstrip	1	1~1	97.00	97.00	Torn/Deformed
Rear bootlid reflector	2	ine	270.00	270.00	Cracked/Broken
Rear bootlid reflector clip	4	127	28.00	28.00	To replace $\chi$
Rear bootlid KIA badge	1	nil	55.00		To replace
Rear bootlid CERATO emblem	1	nu	27.00	27.00	To replace
Rear bootlid FORTE emblem	1	nu	27.00	27.00	To replace /
Rear bootlid outer handle c/w keyless sensor	1	en	298.00		Cracked/Damaged -
Rear bootlid lock buzzer	1	ane	186.00		Damaged
Taillamp assy	2	110	394.00		Cracked/Broken
Taillamp base panel	2	m	232.00	232.00	Bent
Taillamp clip	4	11	28.00	28.00	To replace 💢
Rear bumper fascia	1	アシ	601.00	601.00	Torn/Deformed
Rear bumper side retainer	2	M	48.00	48.00	To replace
Rear bumper side bracket	2	11	58.00		To replace
Rear bumper lower trim	1	つら	183.00	183.00	Torn/Deformed
Rear bumper reinforcement	1	300	340.00	340.00	Broken
Rear bumper reinforcement bracket	2		110.00	110.00	Bent -
Rear bumper clip	10	nu	70.00	70.00	To replace
Rear bumper sponge	1	1010	124.00	124.00	-
Rear end panel	1	00	482.00	482.00	Bent
Rear end panel top trim	1	101		97.00	•
Rear end panel top trim clip	4	11	28.00		To replace x

Page Total: 7,122.00 7,122.00

Our Ref: 201706198/CA

Vehicle No. SJT 589 U

Description		Qty	Repair Estimate	Revised Amount	Remarks
Balance brought forward			7,122.00	7,122.00	rwindi Ka
Rear fender assy o/s & n/s Rear fender lower splash shield o/s & n/s Rear fender lower splash shield clip o/s & n Rear fender lower air lourver n/s Rear fender inner trimboard Rear fender inner trimboard clip Rear chassis sub frame member Rear trunk panel Rear trunk panel insulation pad Rear trunk panel floor board Rear spare tyre wing nut Rear windscreen moulding Rear windscreen clip Rear exhaust silencer Rear exhaust silencer hook Rear exhaust silencer heat shield	_	2 2 6 1 2 16 2 1 1 set 1 1 14 1 3 1	1,440.00 M/S 88.00 / 30.00 / 20 116.00 / 1 1,294.00 / 1 112.00 / 2	440.00 Bu 488.00 To 30.00 To 116.00 Cr 1,294.00 To 730.00 Be 420.00 To 420.00 To 297.00 To 28.00 Be 68.00 To 989.00 Be	orn oreplace oreplace oreplace oreplace oreplace oreplace oreplace oreplace oreplace oreplace oreplace oreplace oreplace oreplace oreplace oreplace oreplace oreplace
Rear bootlid spoiler Rear bumper airdam Rear windscreen sealant Rear bootlid reflector seal Taillamp seal Rear bootlid C & C badge Rear windscreen inner seal Front number plate Front number plate casing Rear number plate casing Rear number plate casing Rear reverse sensor c/w control box	S. Nett S. Nett	1 1 1 2 2 1 1 1 1 1 1 set 1 set	13,763.00	13,763.00 1,376.30 Les 12,386.70 1,250.00 Torr 900.00 Torr 60.00 Torr 80.00 Torr 80.00 Torr 25.00 Torr	eplace Poplace

Total Materials Costs:

18,681.00

17,304.70

Our Ref: 201706198/CA

Vehicle No. SJT 589 U

Description	Qty	Repair Estimate	Revised Amount	Remarks
Balance brought forward		18,681.00	17,304.70	
To provide towing service.		100.00	80.00	_
To remove/refit wire harness, all related connects Check proper function. Focus headlights.	ors.	150.00	120.00	Sv
To remove/renew exhaust assembly with all attac brackets and holders.	hments,			
Straighten and align centre exhaust pipe.		280.00	250.00	60
To apply underseal and rust-proofing on the affectures.	ted	180.00	150.00	120
To remove/refit boot garnishes, speakers, interior garnishes, carpets where necessary.		180.00	150.00	60
To remove/refit roof linning. To remove/refit seats, carpets and interior garnishes to enable repairs.		250.00	220.00	PO
To remove/refit fuel tank assembly with all attachm pipes and hoses	ents,	250.00	180.00	60
To remove/refit rear windscreen glass.		180.00	120.00	
To conduct wheel alignment.		120.00 A	120.00	X
To perform diagnostic checks on control units. Reset to factory specifications		380.00	320.00 /	00
	-			

Page Total: 20,751.00 19,014.70

Our Ref: 201706198/CA

Our Ref: 201706198/CA			Vehicle No.	SJT 589 U
Description	Qt	Repair y Estimate	Revised Amount	-
Balance brought forward		20,751.00	19,014.70	
To remove all damaged parts of components/attachments. To a necessary, straighten chassis of dented body panels, in accordance specifications. Replace damaginto position. Refit all necessary	ipply hot-works where members, repair/reshape ance with factory ed parts, refit and align		3,500,00	2100
To transfer trunklid mechanism	s and all attachments.	120.00	80.00	
To install reverse sensors, conf Re-connect wires harness. Che	trol unit. ock function.	180.00	150.00	Sv
To install rear video camera, co Re-connect wires harness. Che	entrol unit. Ck function.	220.00	180.00	ev
To spray paint replaced/repaire of preparatory works and painting	d body parts inclusive ng materials.	2,800.00	2,600.00	2000
To set vehicle on chassis alignm of all necessary preparatory wor	nent bench, inclusive rks.	380.00	320.00	/
	Grand Total:	28,201.00	25,844.70	
	Summary			
	Total Material Total Labour/Painting	18,681.00 9,520.00	17,304.70 8,540.00	
	Grand Total	28,201.00	25,844.70	

**Lump-sum Amount** 

21,000.00

Our Ref:

201706198/CA

Vehicle No. SJT 589 U

### CAUSE OF DAMAGE

The vehicle sustained impact to the rear and front.

#### **REMARKS**

Having checked the scope of repair works we were satisfied that it was in accordance with the damage sustained. We also checked each item and have indicated its nature of damage. It was our opinion that these items were found damaged beyond repair and require replacement.

We checked the damage carefully and were of the opinion that the vehicle could be repaired.

We would therefore recommend repairs to be carried out at: \$ 21,000.00 on a lump-sum basis.

The survey was conducted on a without prejudice basis and we submit this report for your consideration.

CHARTERED AUTO ASSESSORS

Tan Chin Sunn (Licensed Appraiser)



GST REG. NO.: 200106276D

DATE	INVOICE NO.
18-Jul-2017	A 35996

PRECISE AUTO SERVICE
C/O NEO CHOON SENG
BLK 348 UBI AVENUE 1
#04-1059
SINGAPORE 400348

	VHA NO.	DUE DATE	VEH. NO.
	A 35996	18-Jul-2017	SGG 513 S
DESCRIPTION	NO. OF DAYS	RATE	AMOUNT
RENTAL FROM 23 JUNE 2017 TO 06 JULY 2017 YOUR REF: SJT 589 U	13	112.149	1,457.9
		}	
(7.1			
	y		
GST @ 7%			
TOTAL			\$102.06
heques must be made payable to BKW Rent A Car Pto Ltd			\$1,560.00

All cheques must be made payable to BKW Rent A Car Pte Ltd.
Please write the vehicle and invoice number on the reserve.

**BKW Rent-A-Car Pte Ltd** 

120 Lower Delta Road #02-15 Cendex Centre (S) 169208 Tel: 6738 7777 Fax: 6271 1661

ACRA No: 200106276D GST Reg. No: 20-0106276-D Website: www.bkw.sg A subsidiary of BKW Automobile Pte Ltd



# BKW RENT A CAR PTE LTD 120 Lower Delta Road #02-15 Cendex Centre Singapore 169208 Tel: 6738 7777 Fax: 6271 1661 VHA No: A 35,996

ACRA No: 20-0106276-D GST Reg. No: 20-010627

VEHICLE HIR	ING AGREEMENT Workshop:	<i>J</i>
HIRER'S PARTICULARS	Hiror's Own Vahicla No: Roplaco Veh No:	
Name (se in I/C)	Loan Vehicle No: VR No:	
Name (as in I/C)  NRIC/Paseport No:  Address:	Make & Model:   1991 12   Auto/Manual Group	):
	CHARGES : \$	cts
· · · · · · · · · · · · · · · · · · ·	Daily day @\$ Per day	: [
Name & Address of Employer	Weekly/Monthly week @\$ Per week/Monthly	
Occupation Driving Exp:	Others	1
Occupation Driving Exp:  Driving Licence No: Passed Date:	CDW/PAI @\$ Per day/Monthly	_
D. J. Terret Land (Calif Chare)	Delivery/Collection Svc	1-
Tel(O) * (R) HP	GST	_
DRIVER'S PARTICULARS	OR No: (A) SUB-TOTAL	_
Name (as in VC)	Petrol Level OUT E 1/4 / 1/2 3/4 F	- 10-
NRIC/Passport No:Date of Birth:	Surcharge IN	-
M 281 Amos		
s( )	Firstkm FREE per day GST Excess mileage is chargeable	-
Occupation Priving Exp: Yrs	at cents per km TOTAL CHARGES	1_
Driving Licence No: Passed / Expiry Dale:	Security Deposit : \$ Bank:	
D/L Type: Local/int*I/Others: Contact No:	CASH/NETS/VISA/MC/AMEX/CHQ No:	
	Expiry Date: Card ID No:	
	Name as in Card:	
	NON WAIVER EXCESS (Subject to GST). \$ 7 (2)	<del></del>
	ACCESSORIES CHECK	
	☐ Data Cards ☐ Camera Systems ☐ Hub Cap ☐ Radio / CD Car ☐ Jack ☐ Tyre Opener ☐ Petrol Cap ☐ Spare Tyre	nnage
	-4	
INDICATE: A - Accidents		
D - Derits 8 - Bornstchee	Hirer's Signature: Additional Driver's Signa	ature :
( most a limited	SINGAPORE Use Only	
I have read and agree to the terms and condition on both sides of this agreem payable under this agreement and for parking and traffic infringements may it	Se billed to that account and my signature above will be considered to box	un ban
made on the charge/credit card voucher All information i have been	iven BKW Rent A Car Pte Ltd in connection with this agreement	is true
IMPORTANT  1. The Hirer and the authorized driver must be over 23 years of age and under 65	legal costs on a full indemnity basis), whatsoever and howsuever brought a suffered or incurred by you in respect of the vehicle or the use or the operation	on of the
<ol> <li>The Hirer and the authorized driver must be over 23 years of age and under 65 years and be holding valid driving licenses and have a minimum of 2 years regula and qualified driving experience. Failure to observe stipulation may return all</li> </ol>	suffered or incurred by you in respect of the vehicle or the use or the operation vehicle. Full excess amount have to be paid immediately in the event of an a The owner reserve the right not to replace an replacement vehicle if an acci-	on of the iccident ident
<ol> <li>IMPORTANT</li> <li>The Hirer and the authorized driver must be over 23 years of age and under 65 years and be holding valid driving licenses and have a minimum of 2 years regula and qualified driving experience. Failure to observe stipulation may return all damages costs to be Borne by the Hirer/the Authorised Driver</li> <li>All vehicles are supplied with petrol and should returned with petrol level likewise A service charge of \$5 on top of a petrol surcharge is payable by the hirer should</li> </ol>	suffered or incurred by you in respect of the vehicle or the use or the operation vehicle. Full excess amount have to be paid immediately in the event of an another reserve the right not to replace an replacement vehicle if workshop, occurred. Any damage to the car will be repair at BKW authorized workshop.  8 Smoke or permit smoking and transport of pets in the vehicle are not allowed.	on of the iccident ident d. Anv
<ol> <li>IMPORTANT</li> <li>The Hirer and the authorized driver must be over 23 years of age and under 65 years and be holding valid driving licenses and have a minimum of 2 years regula and qualified driving experience. Failure to observe stipulation may return all damages costs to be Borne by the Hirer/the Authorised Driver</li> <li>All vehicles are supplied with petrol and should returned with petrol level likewise A service charge of \$5 on top of a petrol surcharge is payable by the hirer should he fail to return the vehicle at the appropriate petrol level.</li> <li>No refund for early return of vehicle. The hirer shall be flable for additional charges</li> </ol>	suffered or incurred by you in respect of the vehicle or the use or the operation vehicle. Full excess amount have to be paid minediately in the event of an a The owner reserve the right not to replace an replacement vehicle if an accidencement. Any damage to the car will be repair at BKW authorized workshop.  8 Smoke or permit smoking and transport of pets in the vehicle are not allowed offensive smell e.g. cigarette, during or pet's timel, the hirer and/or driver shift the cost of removing the offensive smell or pet's hair between \$200 - \$400.  9 The Hirer agrees that a punctured tyre, emoty petrol tank, loss of vehicle's ke	on of the iccident ident d. Any all bear
<ol> <li>IMPORTANT</li> <li>The Hirer and the authorized driver must be over 23 years of age and under 65 years and be holding valid driving licenses and have a minimum of 2 years regula and qualified driving experience. Failure to observe stipulation may return all damages costs to be Borne by the Hirer/the Authorised Driver</li> <li>All vehicles are supplied with petrol and should returned with petrol level likewise A service charge of \$5 on top of a petrol surcharge is payable by the hirer should he fail to return the vehicle at the appropriate petrol level.</li> <li>No refund for early return of vehicle. The hirer shall be tiable for additional charges for any late return at the rate shown per hour per day, inclusive of CDW and/or PA where applicable. Any returns after our operation hours will be charged as a full.</li> </ol>	suffered or incurred by you in respect of the vehicle or the use or the operation vehicle. Full excess amount have to be paid minediately in the event of an a The owner reserve the right not to replace an replacement vehicle if on accidencement. Any damage to the car will be repair at BKW authorized workshop.  8 Smoke or permit smoking and transport of pets in the vehicle are not allowed offensive smell e.g. cigarette, durian or pel's smell, the hirer and/or driver shift the cost of removing the offensive smell or pet's hair between \$200 - \$400.  9 The Hirer agrees that a punctured tyre, empty petrol tank, loss of vehicle's ke locked keys inside of vehicle, by itself does not constitute a breakdown and	on of the iccident ident d. Any eli bear ey or i that
<ol> <li>IMPORTANT</li> <li>The Hirer and the authorized driver must be over 23 years of age and under 65 years and be holding valid driving licenses and have a minimum of 2 years regula and qualified driving experience. Failure to observe stipulation may return all damages costs to be Borne by the Hirer/the Authorised Driver</li> <li>All vehicles are supplied with petrol and should returned with petrol level likewise A service charge of \$5 on top of a petrol surcharge is payable by the hirer should he fail to return the vehicle at the appropriate petrol level.</li> <li>No refund for early return of vehicle The hirer shall be flable for additional charges for any late return at the rate shown per hour per day, inclusive of CDW and/or PA where applicable. Any returns after our operation hours will be charged as a full day rentai.</li> <li>Use of the vehicle for illegal purpose (For instance; in connection with theft, drug</li> </ol>	suffered or incurred by you in respect of the vehicle or the use or the operation vehicle. Full excess amount have to be paid immediately in the event of an a The owner reserve the right not to replace an replacement vehicle if an accidence of the car will be repair at BKW authorized working.  Smoke or permit smoking and transport of pets in the vehicle are not allowed offensive smell or, digarette, durian or pet's smill, the hier and/or driver ship the cost of removing the offensive smell or pet's hair between \$200 - \$400.  The Hirer agrees that a punctured tyre, empty petrol tank, loss of vehicle's ke locked keys inside of vehicle, by itself does not constitute a breakdown and an the event the owner's 24-Hours Emergency Service is called upon to respect to occurrence, the Hirer shall bear the cost of such response at \$50.00 pe	on of the iccident ident d. Any all bear by or i that ond to in trip
<ol> <li>IMPORTANT</li> <li>The Hirer and the authorized driver must be over 23 years of age and under 65 years and be holding valid driving licenses and have a minimum of 2 years regula and qualified driving experience. Failure to observe stipulation may return all damages costs to be Borne by the Hirer/the Authorised Driver</li> <li>All vehicles are supplied with petrol and should returned with petrol level likewise A service charge of \$5 on top of a petrol surcharge is payable by the hirer should he fail to return the vehicle at the appropriate petrol level.</li> <li>No refund for early return of vehicle. The hirer shall be tiable for additional charges for any late return at the rate shown per hour per day, inclusive of CDW and/or PA where applicable. Any returns after our operation hours will be charged as a full day rental.</li> </ol>	suffered or incurred by you in respect of the vehicle or the use or the operation vehicle. Full excess amount have to be paid immediately in the event of an and a The owner reserve the right not to replace an replacement vehicle if an accidence of the control of the car will be repair at BKW authorized workshop.  8 Smoke or permit smoking and transport of pets in the vehicle are not allowed offensive smell e.g. cigarette, durian or pel's smell, the hiner and/or driver shift the cost of removing the offensive smell or pel's hair between \$200 - \$400.  9 The Hirer agrees that a punctured tyre, empty petrol tank, loss of vehicle's ke locked keys inside of vehicle, by itself does not constitute a breakdown and an the event the owner's 24-Hours Emergency Service is called upon to respire.	on of the iceident ident.  J. Any sli bear sy or it that ond to or trip adent to trong to the trong to the trong to the trong to the trong to the trong to the trong to the trong to the trong to the trong to the trong to the trong to the trong to the trong to the trong to the trong to the trong to the trong to the trong trong to the trong tr

sufficient water Any damage to the engine will be bear by the hier/driver.

12. All customers dats will be kept strictly confidential and in solely used for the purpose of completing the sales transactions and other relating marters.

13. I understand and agree to the personal date collection statement stated on the Terms and Conditions Page. The hirer and/or driver shall be responsible for all claims, damages, losses increased insurance premiums, non-wavier excess and cost expense (including **Date Out** Time Out Mileage Check By Remarks 1117 Hirer's/Driver Signature

The hirer and/or driver shall be responsible for all damages or losses howsoever caused, all traffic violations, fines and penalties imposed on the vehicle for whatsoever reason in respect of or in connection with it's use or operation.

11 The hirer/Driver also have the responsibility to ensure that the radiator water level in the car is sufficient and do not drive when the vehicle is stall and does not have

Return Of Vehicle: The Hirer Driver is Required To Sign in The Column "Signature Of Hirer Driver Failing Which The Day And Time Inserted Below Shall Be Deemed To Be The Day And Time The Vehicle is Returned To BKW Rent A Car Pte Ltd And The Same Shall Be Accepted As Conclusive Evidence Of The Same And Shall Not Be Challenged Or Questioned On Any Account Whatsoever. And I had cleared my belonging items from the rental vehicle (cashcard, perking coupons, etc)"

Mileage Time in Check By Remarks TII. A 411 Hirer's/Driver Signature





Police Station Of Origin:

Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

1 of 4 Report No. T/20170623/2045

#### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/06/2017 11:53			Vide Report No.:	Station Diary No.:			
Informant	's Partici	lars					
Name of Informant: NEO CHOON SENG			Address: APT BLK 348 UBI AVENUE 1 #04-1059 SINGAPORE 400348				
ID Type / ID No.: NRIC NO / S7801984J			Contact No.: Home/Office:	Mobile: 93366897			
Nationality SINGAPO		EN	Email:				
Sex:         Age:         Date of Birth:           Male         39         19/01/1978			Type of Informant: Driver				
Race: Chinese			Language:	Institution / School Name:			
Occupation: CIRCUIT REP			Driving Licence Information: Class: 2B,2A,3,4,5	Date of Expiry:			

General Inform	ation of the Accide	nt	1.	
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/06/2017 17:00	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND E	XPRESSWAY	unos Exit		
Weather: Clear		Road Surface: Dry	R	load Speed Limit:
Traffic Flow:		Traffic Control:	1	raffic Volume; loderate
Type of Collisio Between Movin	n: g Vehicles - Head T	o Rear		nyone conveyed by mbulance: o

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SHD6665B	Car				Seriously Damaged	0
SJT589U	Car	KIA	CERATO EX FORTE 1.6L A/T ABS AB 2WD 4DR	Blue	Seriously Damaged	1
SKC2034T	Car				Slightly Damaged	0





Police Station Of Origin: Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

CONTINUATION OF REPORT

3 of 4 Report No. T/20170623/2045

Driver			<del></del>		
Name	Teoh Seow Yang		ID No.	S7483337C	
Related Vehicle	SKC2034T (Car)		Contact No.	91255505	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Disc			
No. of Days gran	ted Medical Leave NIL	Degree of		· · · · · · · · · · · · · · · · · · ·	

#### Brief Details.

On 22/06/17, 1700hrs on PIE toward Changi just before Jalan Eunos, I was travelling on the extreme right lane. Out of a sudden the car (SKC2034T) in front of me stopped, I managed to stop in time however the car (SHD6665B) behind me did not stop in time and bang into my rear. My car then moved forward and bang into the car in front of me.

We then came off the car, exchange particulars and took photos of the damages. After which my wife (Truong Thi Kieu Phuong, S8268274J) and I went to the doctors. I was given 10 days Medical leave (22/06/17 to 01/07/17) while my wife is admitted to the hospital she is currently under observation, there is no visible injures.

During the incident no immediate medical assistance required.

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore(GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

ACCIDENT STATEMENT			
23/06/2017 17:47			
22/06/2017 17:00			
PIE TWDS CHANGI AIRPORT(BEFORE EXIT OF JALAN EUNOS			
SINGAPORE			

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number

SJT589U

Insured/Policyholder

Name Of Registered Owner

**NEO CHOON SENG** 

NRIC No Email Address

S7801984J

**NOEMAIL** 

Mobile Phone No.

(LOCAL) +65-93366897

Alternative Phone No

OFFICE-93366897

Vehicle Particulars

Manufacturer

KIA

Model

**CERATO** 

Exact Purpose for which vehicle was being used at

lime of accident

Are you claiming under your own insurance policy

for repair to your vehicle? If No, Please state action to be taken

THIRD PARTY

Vehicle Category

**PRIVATE CAR** 

Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

5090065656

Cover Note Number

**Driver** 

Name of Driver

**NEO CHOON SENG** 

NRIC No. Date Of Birth

\$7801984J

19/01/1978 Occupation **INDOOR** Date Of Driving Pass 02/12/1996

**Driving Experience** 20 YEARS AND 6 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-93366897

Fax Number

Contact Number

OFFICE-93366897

**EMail Address** 

**NOEMAIL** 

# DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

NRIC/Passport Number

Name of Driver

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**Details of Witness** 

Name

Phone Number

Email Address

SKC2034T

VEHICLE C

TEOH SEOW YANG

91255505

#### Sketch Plan #2 Pg. 1

Describe Circumstances of the Accident
On 22-06-2017- @ about 1700hrs, I was driving along PE Towneds Change
Mirport in the extreme right lane Which -infront of me apply brake
from bothers due to the laws in the few stages of the laws in the first harmones of the laws in the la
learned and come things industry and cor being page for some and
The transfer of the transfer o
any wife west to hospital for undical treatment due to the suffered &
point reflect considered   hereto lodge this report to claim lien 12 (SHO 66658)
les my oxident danages.
Declaration
We declare the foregoing particulars are true in every respect.
the 23/6/17 10-15 am
Policyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date Witnessed by Reporting Centre Time Personnel
insurance Co. NTUC Income Insurance.
Reporting Only
Own Damage Claim
Third Party Claim

#### **Enquire Vehicle Registration Details**

**Owner Particulars** 

NRIC/Passport/Company

Cert No.:

\$7801984J

Owner ID Type:

Singapore NRIC

Owner Name:

NEO CHOON SENG

Registered Address:

APT BLK 348 UBI AVENUE 1 #04-1059 SINGAPORE 400348

Neo choonseny. 1

Mailing Address:

Birth Date:

19 Jan 1978

**Vehicle Particulars** 

Vehicle No.:

SJT589U

Previous Vehicle No.:

Effective Date of

Ownership:

25 Apr 2017

Original Regn Date:

22 Sep 2009

Registration Date: Year of Manufacture: 22 Sep 2009

2009

Vehicle Type:

Passenger Motor Car

Vehicle Scheme:

Vehicle Attachment 1:

No Attachment

Vehicle Attachment 2:

Vehicle Attachment 3:

Vehicle Make:

KIA

Vehicle Model:

CERATO EX FORTE 1.6L A/T ABS AB 2WD 4DR

Primary Colour:

Blue

Secondary Colour:

Passenger Capacity:

Chassis No.:

KNAFU411MA5110839

Engine No.:

G4FC9H282609

Engine Capacity/Power

Rating:

1591 cc / -

Maximum Power Output:

92.7 kW (124 bhp)

Propellant:

Petrol

Max Unleden Weight:

1251 kg

Maximum Laden Weight:

1720 kg

Open Market Value:

\$11,315.00

PARF Eligiblity:

Yes

PARF Eligibility Expiry

21 Sep 2019

Date:

\$5,657.00

Minimum PARF Benefit: No. of Transfers:

1

IU Label No.:

1123307993

COE No.:

2009080101002339R

COE Expiry Date:

21 Sep 2019

COE Category:

COE Registration

A - Car (1600cc & below)

Category:

A - Car (1600cc & below)

Quota Premium (QP) /

\$15,291.00/-

Prevailing Quota Premium:

Actual QP Pald: QP (Regn Cat):

\$15,291.00 \$15,291.00

**OPC Cash Rebate** 

No



#### Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5090065656 Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : SJT589U

Chassis Number : KNAFU411MA5110839

2. Name of Policyholder : NEO CHOON SENG

3. Effective Date of Insurance: 25 Apr 20174. Expiry Date of Insurance: 24 Apr 2018

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

#### This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation)
Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

 EXCESS (SECTION 1)
 : \$\$600

 EXCESS (SECTION 2)
 : N/A

 WINDSCREEN EXCESS
 : \$\$100

 ADDITIONAL EXCESS
 : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO
INSURE WITH COE : YES
NCD PROTECTION : NO
TRANSPORT ALLOWANCE : NO
EXCESS WAIVER : NO

PRIMARY DRIVER : NEO CHOON SENG(LIANG CHUNSHENG)

NAMED DRIVER (1) N/A
NAMED DRIVER (2) N/A

HIRE PURCHASE COMPANY DBS BANK LTD

SUM INSURED MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : TAN INSURANCE BROKERS PTE LTD (00000690287)

Date of Issue : 24 Apr 2017 09:29 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

Chief Executive





Police Station Of Origin:

Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

1 of 4 Report No. T/20170623/2045

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/06/2017 11:53		/lade:	Vide Report No.:	Station Diary No.:
Informa	nt's Partic	ulars		
	Informant: OON SEN		Address: APT BLK 348 UBI AVENUE 1	1 #04-1059 SINGAPORE 400348
ID Type NRIC NO	/ ID No.: D / S780198	34J	Contact No.: Home/Office:	Mobile: 93366897
Nationali SINGAP	ty: ORE CITIZ	EN	Email:	14100110. 000000037
Sex: Male	Age: 39	Date of Birth: 19/01/1978	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupati CIRCUIT			Driving Licence Information: Class: 2B,2A,3,4,5	Date of Expiry:

	nation of the Accid			
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/06/2017 17:00	Type of Location: Straight Road
	EXPRESSWAY			1
Weather: Clear	3.50.0.0 50.01	Road Surface: Dry	R	oad Speed Limit:
Traffic Flow:		Traffic Control:	I	affic Volume: oderate
Type of Collisi Between Movi	on: ng Vehicles - Head	To Rear		nyone conveyed by nbulance:

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SHD6665B	Car				Seriously Damaged	0
SJT589U	Car	KIA	CERATO EX FORTE 1.6L A/T ABS AB 2WD 4DR	Blue	Seriously Damaged	1
SKC2034T	Car				Slightly Damaged	0





Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

2 of 4 Report No. T/20170623/2045

CONTINUATION OF REPORT

Details of Ve	hicle insurance		milionización de la companya del companya del companya de la compa
Venice No.			Expire Date
SJT589U	NTUC Income Insurance Co-Operative	25/04/2017	24/04/2018
	Limited		

Details of Perso	in Involved				<del></del> -	
Any Pedestrian I						
No. of Pedestrial	ns Injured: NIL	-	Use of Per	destriar	Cross	sing: NA
		-	19-12	ACSUIAI AAA	10103	FINE TO SERVICE STATE OF THE S
Name	Poh Leong Boon		ID No		S0069012J	
Related Vehicle	SHD6665B (Car)		Conta	ict No.	97836902	
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	<del></del>	Date Discl		<del></del>	
	<del></del>	NIL	Degree of		NIL NIL	
DRVent		· · · · · · · · · · · · · · · · · · ·	Degree of	Tillul y	INIL 	a Tan duning manager and the same
Name	NEO CHOON SENG			ID No		S7801984J
Related Vehicle	SJT589U (Car)			Conta	ct No.	93366897
Hospital/Clinic	CHANGI GENERAL HO	OSPITAL		Class Driving Licent Expiry	g ce &	Class: 2B,2A,3,4,5 Date of Expiry: NIL
Date Treatment	22/06/2017		Data Disak			10047
		10	Date Disch Degree of			
Passenger	No. of the second	1	Degree Or	injury	Slight	
Name	Truong Thi Kieu Phuon	g		ID No.		S8262874J
Related Vehicle	SJT589U (Car)			Conta	ct No.	NIL
Hospital/Clinic	CHANGI GENERAL HO	DSPITAL		Class Driving Licence Expiry	e &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disch		NIL	<u> </u>
	ed Medical Leave	JIL T	Degree of I		NIL	





3 of 4

Police Station Of Origin: Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

Report No. T/20170623/2045

#### **CONTINUATION OF REPORT**

Driver	***************************************				
Name	Teoh Seow Yang	1	- <u>-</u>	ID No.	S7483337C
Related Vehicle	SKC2034T (Car)			Contact No.	91255505
Hospital/Clinic	NIL	•	·	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
<b>Date Treatment</b>	NIL		Date Disc	harge NIL	
No. of Days grant	ted Medical Leave N	IIL	Degree of		

#### **Brief Details.**

(

On 22/06/17, 1700hrs on PIE toward Changi just before Jalan Eunos, I was travelling on the extreme right lane. Out of a sudden the car (SKC2034T) in front of me stopped, I managed to stop in time however the car (SHD6665B) behind me did not stop in time and bang into my rear. My car then moved forward and bang into the car in front of me.

We then came off the car, exchange particulars and took photos of the damages. After which my wife (Truong Thi Kieu Phuong, S8268274J) and I went to the doctors. I was given 10 days Medical leave (22/06/17 to 01/07/17) while my wife is admitted to the hospital she is currently under observation, there is no visible injures.

During the incident no immediate medical assistance required.





Police Station Of Origin:

Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

CONTINUATION OF REPORT

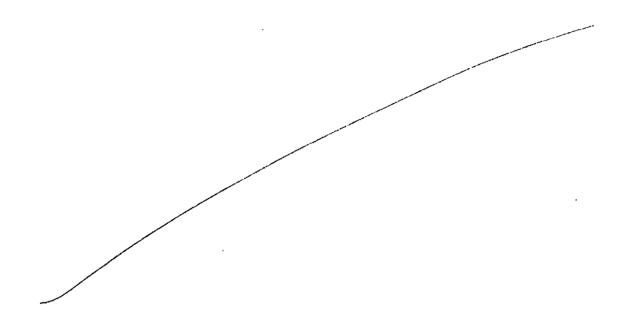
4 of 4

Report No. T/20170623/2045

# Sketch Plan

(

Informant is not able to provide sketch plan



IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:  G / INSP MAYA TAY  Sr Staff Sgt CELESTE ANG XIAOTHU	Signature Of Informant:
Signature Of Interpreter:	Date/Time:
Not applicable	23/06/2017 11:53
Officer In Charge Of Case:	Classification Of Case:
TP / AEIT / Staff Sgt TANG SIEW PING Contact No.: 65476430	
Authentication Stamp NP168	

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore(GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

	ACCIDENT STATEMENT
Date Of Report	23/06/2017 17:47
Date Of Accident	22/06/2017 17:00
Exact Location Of Accident	PIE TWDS CHANGI AIRPORT(BEFORE EXIT OF JALAN EUNOS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number **SJT589U** 

Insured/Policyholder

Name Of Registered Owner NEO CHOON SENG

NRIC No S7801984J **Email Address NOEMAIL** 

Mobile Phone No (LOCAL) +65-93366897

Alternative Phone No. OFFICE-93366897

**Vehicle Particulars** 

Manufacturer ΚIA

Model **CERATO** 

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

If No, Please state action to be taken THIRD PARTY Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5090065656

Cover Note Number

Driver

Name of Driver NEO CHOON SENG

NRIC No \$7801984J Date Of Birth 19/01/1978 Occupation INDOOR Date Of Driving Pass 02/12/1996

**Driving Experience** 20 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93366897

Fax Number

Contact Number OFFICE-93366897

**EMail Address** NOEMAIL Address

BLK 348 UBI AVE 1 #04-1059

**Postcode** 

400348

OWNER

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

# General Information of the Accident

Type Of Accident

COLLISION- CHAIN COLLISION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Was any body injured in the Accident?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

### **Details of Police Action**

Was the accident reported to the police?

NΩ

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

#### **Circumstances of Accident**

ON 22/06/2017 AT ABOUT 1700HRS, I WAS DRIVING ALONG PIE TOWARDS CHANGI AIRPORT IN THE EXTREME RIGHT LANE. VEHICLE IN FRONT OF ME APPLY BRAKE AND STOP. SO I SLOW DOWN AND STOP TOO. SUDDENLY, I FELT AN IMPACT FROM BEHIND. DUE TO THE HUGE IMPACT, MY CAR BEING PUSHED FORWARD AND DENTED ONTO REAR PORTION OF VEHICLE IN FRONT OF ME. WHEN I CAME OUT TO INSPECT MY CAR, I REALISED I WAS INVOLVED IN 3 CARS CHAIN COLLISION ACCIDENT. AFTER 3 VEHICLES DRIVER EXCHANGE PARTICULARS, ME AND MY WIFE WENT TO HOSPITAL FOR MEDICAL TREATMENT DUE TO SUFFER PAIN AFTER ACCIDENT, I HERE TO LODGE REPORT TO CLAIM VEHICLE B (SHD6665B) FOR MY ACCIDENT DAMAGES.

#### Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHD6665B

Vehicle Make/Model/Colour

**Details Of Properties** 

**VEHICLE B** 

Name of Driver

Contact Number

POH LEONG BOON

NRIC/Passport Number

S0069012J 97836902

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### **Details of Witness**

Name

Phone Number

### Email Address

**Details of Witness** 

Phone Number Email Address

Name

	DETAILS OF OTHER VEHICLE PROPERTY 2
Vehicle Registration Number	SKC2034T
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE C
Name of Driver	TEOH SEOW YANG
NRIC/Passport Number	
Contact Number	91255505
Address	•
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



(

#### Sketch Plan Pg. 1

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formittust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for Investigation.
- 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that :

- (a) My insurer . my workshop and the General insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "this uners" ), the insurers' low yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims:
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my Instructions or responding to any enquiries by me;
- (iv) administering my claims (including the meiling of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
- (v) complying with applicable law in administering, processing, handling end/or dealing with my claims.

(collectively the "Purposes")

- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date Witnessed by Reporting Centre Fersonnel

Sketch Plan

"(

Tolon
Ennes

(B) SHD 6665 B.

(C) SICC 2054-T.

PIE Toward Change Airport.

6/23/2017



### Enquire Vehicle & Owner Information ( Vehicle No. SHD6665B As At 22 Jun 2017 / 17:00:00)

#### Law Firm Search Details

Search Reason: Insurance claim in relation to traffic accident

Law Firm Case No.:

**Current Owner Details** 

Owner ID Type: Company

Owner ID: 199303821R

Owner Name: COMFORT TRANSPORTATION PTE LTD

Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes

Registered Block/House

Registered Street Name:

SIN MING DRIVE

Registered Unit No.:

Registered Building Name: GAS BUILDING

Registered Postal Code: 575717

**Current Vehicle Details** 

Vehicle No.: SHD6665B

MERCEDES BENZ / E220 BLUETEC Make Description/Model:

Insurance Company Name: INDIA INT'L INS PTE LTD



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Best viewed with IE 6.0 SP3 and above. 1024 X 768 resolution

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Fun Lynn has successfully logged out. Your last login date and time was 23 Jun 2017, 11:01:34. To return to ONE.MOTORING, please click here. For security reasons, please **CLEAR YOUR CACHE** after each session.

### **Session Transaction History**

S/No.	<u>Asset</u> Type	Asset ID	<u>Asset</u> <u>Owner ID</u>	Transaction Type	<u>Transaction</u> <u>Amount(S\$)</u>	<u>Log</u> Date/Time
1	Vehicle	SHD6665B	-	18.19 Enquire Veh Owner Info (Others) by Law Firm	5,35	23 Jun 2017 / 11:01:52

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Last updated on 11 Jun 2017 at 12:47 AM



51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

	Affiliated to Federation Interne	ntionale Des Experts En Autori	obile ****
NDIA INTERNATIONA	AL INSURANCE PL	Ref : CS3/III1701233	3/Uvbe2-1
4 CECIL STREET 05-02 IOB BUILDING	SINGAPORE 049711	Date: 21-05-2018  Code: III2	
	Policy Particula	rs :- THIRD PARTY CLAI	M
Insured Veh.	SHD 6665B	Veh. Inspected	SJT 589U
Policy No.	· -	Coverage (\$)	0.00
Claim No.	MCT17061162	Excess (\$)	0.00
Assign From	JOEL NAH	Assign Date	14/05/2018
	Vehicle Pa	rticulars & Condition	
Make & Model	KIA CERATO FORTE (A)	c.c	1591
Engine No.	HIDDEN	Year of Reg.	2009
Chassis No.	KNAFU411MA5110839	Colour	BLUE
Odometer	137445	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
	Conc	Iltions of Tyres	
	Size	Make	Balance
R/H Front Tyre	205/55 R16	KENDA	6 mm
L/H Front Tyre	205/55 R16	KENDA	6 mm
R/H Rear Tyre	205/55 R16	KENDA	6 mm
L/H Rear Tyre	205/55 R16	KENDA	6 mm
	Descri	ption of Damages	PART HAR
THE VEHICLE SU	STAINED DAMAGES AT THE	FRONT AND REAR PORTIO	N.
DAMAGES SEE D	ETAILS.		
	Gend	ral information 💢 🧰	are vertible
Accident Date	22/06/2017	Inspection Date	27/06/2017
Survey held at	PRECISE AUTO SERVICE		
	NO.1 KAKI BUKIT AVE 6 #02-34/36 SINGAPORE 417883		
		Remarks) —	
A)THE INSPECTION	ON WAS CONDUCTED ON A"\ CE TO YOUR INSTRUCTIONS	WITHOUT PREJUDICE" BAS	SIS. SED REPAIRS.
b. S. S.		te Days of Repair	A STATE OF THE PROPERTY OF THE
24 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	MAL PERIOD FOR REPAIR:	13 Working Da	



51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

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### ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SJT 589U

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	FRONT BUMPER FASCIA	DENTED / DEFORMED	575.00	575.00
2	FRONT BUMPER SIDE RETAINER	BENT	42.00	42.00
2	FRONT BUMPER BRACKET	BENT	62.00	62.00
1	FRONT BUMPER REINFORCEMENT	BENT	173.00	173.00
1	FRONT BUMPER SPONGE	TORN	79.00	79.00
10	FRONT BUMPER CLIP	NECESSARY	70.00	70.00
1	FRONT BUMPER LOWER CENTRE GRILLE	CRACKED	40.00	40.00
1	FRONT BUMPER NUMBER PLATE PLINTH	NECESSARY	48.00	48.00
2	HEADLAMP ASSY	CRACKED	934.00	934.00
2	HEADLAMP BRACKET	BENT	48.00	48.00
1	FRONT GRILLE ASSY	CRACKED	207.00	207.00
1	FRONT GRILLE EMBLEM	NECESSARY	55.00	55.00
6	FRONT GRILLE CLIP	NECESSARY	42.00	42.00
1	REAR BOOTLID ASSY	BUCKLED	747.00	747.00
1	REAR BOOTLID UPPER LOCK	BENT	113.00	113.00
1	REAR BOOTLID LOWER LOCK STRIKER	TWISTED	20.00	20.00
1	REAR BOOTLID LOCK RELEASE CABLE	JAMMED	58.00	58.00
2	REAR BOOTLID RUBBER STOPPER	NOT NECESSARY	26.00	-
1	REAR BOOTLID WEATHERSTRIP	TWISTED	97.00	97.00
2	REAR BOOTLID REFLECTOR	CRACKED	270.00	270.00
4	REAR BOOTLID REFLECTOR CLIP	NOT NECESSARY	28.00	-
1	REAR BOOTLID KIA BADGE	NECESSARY	55.00	55.00
1	REAR BOOTLID CERATO EMBLEM	NECESSARY	27.00	27.00
1	REAR BOTLID FORTE EMBLEM	NECESSARY	27.00	27.00
1	REAR BOOTLID OUTER HANDLE C/W KEYLESS SENSOR	CRACKED	298.00	298.00
1	REAR BOOTLID LOCK BUZZER	DAMAGED	186.00	186.00
2	TAILLAMP ASSY	BROKEN	394.00	394.00
2	TAILLAMP BASE PANEL	DENTED	232.00	232.00
4	TAILLAMP CLIP	NOT NECESSARY	28.00	-
1	REAR BUMPER FASCIA	DISTORTED	601.00	601.00

Report Ref No. CS3/III17012333/Uvbe2-1



51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:2 of 4

Oty	Description of Parts	Gondition 1	Estimate By: Workshop (\$))	Our Adjusted (\$)
2	REAR BUMPER SIDE RETAINER	BENT	48.00	48.00
2	REAR BUMPER SIDE BRACKET	BENT	58.00	58.00
1	REAR BUMPER LOWER TRIM	DISTORTED	183.00	183.00
1	REAR BUMPER REINFORCEMENT	BROKEN	340.00	340.00
2	REAR BUMPER REINFORCEMENT BRACKET	BENT	110.00	110.00
10	REAR BUMPER CLIP	NECESSARY	70.00	70.00
1	REAR BUMPER SPONGE	TORN	124.00	124.00
1	REAR END PANEL	DENTED	482.00	482.00
1	REAR END PANEL TOP TRIM	TWISTED	97.00	97.00
4	REAR END PANEL TOP TRIM CLIP	NOT NECESSARY	28.00	-
2	REAR FENDER ASSY O/S & N/S	N/S BENT	1,440.00	720.00
2	REAR FENDER LOWER SPLASH SHIELD O/S & N/S	TORN	88.00	88.00
6	REAR FENDER LOWER SPLASH SHIELD CLIP O/S & N/S	NECESSARY	30.00	30.00
1	REAR FENDER LOWER AIR LOURVER N/S	NOT NECESSARY	116.00	-
2	REAR FENDER INNER TRIMBOARD	NOT NECESSARY	1,294.00	-
16	REAR FENDER INNER TRIMBOARD CLIP	NOT NECESSARY	112.00	-
2	REAR CHASSIS SUB FRAME MEMBER	TO REPAIR SEE LABOUR	730.00	-
1	REAR TRUNK PANEL	BUCKLED	785.00	785.00
1	SET REAR TRUNK PANEL INSULATION PAD	NECESSARY	420.00	150.00
1	REAR TRUNK PANEL FLOOR BOARD	WARPED	297.00	297.00
1	REAR SPARE TYRE WING NUT	CRACKED	28.00	28.00
1	REAR WINDSCREEN MOULDING	NECESSARY	68.00	68.00
14	REAR WINDSCREEN CLIP	NOT NECESSARY	98.00	-
1	REAR EXHAUST SILENCER	BENT	989.00	989.00
3	REAR EXHAUST SILENCER HOOK	NOT FITTED	81.00	-
1	REAR EXHAUST SILENCER HEAT SHIELD	BENT	65.00	65.00
	LESS 10% DISCOUNT		-	-1,023.20
			13,763.00	9,208.80
	SPECIAL NETT ITEMS			
1	FRONT BUMPER LOWER AIRDAM (SN)	CRACKED	1,250.00	1,250.00
1	REAR BOOTLID SPOILER (SN)	WARPED	900.00	600.00
1	REAR BUMPER AIRDAM (SN)	DISTORTED	1,100.00	1,100.00

Report Ref No. CS3/III17012333/Uvbe2-1



51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:3 of 4

Qty	Description of Parts	Condition		Our Adjusted (\$)
1	REAR WINDSCREEN SEALANT (SN)	NECESSARY	60.00	40.00
2	REAR BOOTLID REFLECTOR SEAL (SN)	NECESSARY	80.00	80.00
2	TAILLAMP SEAL (SN)	NOT NECESSARY	80.00	-
1	REAR BOOTLID C & C BADGE (SN)	NECESSARY	25.00	25.00
1	REAR WINDSCREEN INNER SEAL (SN)	NECESSARY	45.00	30.00
1	FRONT NUMBER PLATE (SN)	CRACKED	45.00	20.00
1	FRONT NUMBER PLATE CASING (SN)	BENT	29.00	20.00
1	REAR NUMBER PLATE (SN)	BENT	45.00	20.00
1	REAR NUMBER PLATE CASING (SN)	BENT	29.00	20.00
1	SET REAR REVERSE SENSOR C/W CONTROL BOX (SN)	SHORTED	380.00	200.00
1	SET REAR VIDEO CAMERA C/W CONTROL BOX (SN)	SHORTED	850.00	300.00
			4,918.00	3,705.00
	LABOUR			
	TO PROVIDE TOWING SERVICE.		100.00	80.00
	TO REMOVE / RÉFIT WIRE HARNESS, ALL RELATED CONNECTORS. CHECK PROPER FUNCTION. FOCUS HEADLIGHTS.		150.00	50.00
	TO REMOVE / RENEW EXHAUST ASSEMBLY WITH ALL ATTACHMENTS, BRACKETS AND HOLDERS. STRAIGHTEN AND ALIGN CENTRE EXHAUST PIPE.		280.00	60.00
	TO APPLY UNDERSEAL AND RUST-PROOFING ON THE AFFECTED AREAS.		180.00	120.00
	TO REMOVE / REFIT BOOT GARNISHES, SPEAKERS, INTERIOR GARNISHES, CARPETS WHERE NECESSARY.		180.00	60.00
	TO REMOVE / REFIT ROOF LINING. TO REMOVE / REFIT SEATS, CARPETS AND INTERIOR GARNISHES TO ENABLE REPAIRS.		250.00	80.00
	TO REMOVE / REFIT FUEL TANK ASSEMBLY WITH ALL ATTACHMENTS. PIPES AND HOSES.		250.00	60.00
	TO REMOVE / REFIT REAR WINDSCREEN GLASS.		180.00	120.00
	TO CONDUCT WHEEL ALIGNMENT.	NOT NECESSARY	120.00	-
	TO PERFORM DIAGNOSTIC CHECKS ON CONTROL UNITS. RESET TO FACTORY SPECIFICATIONS.		380.00	100.00

Report Ref No. CS3/III17012333/Uvbe2-1



51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:4 of 4

14,500.00

Qty	Description of Parts	Condition	Estimate Ey Workshop (\$))	Our Adjusted (5)
	TO REMOVE ALL DAMAGED PARTS WITH ALL NECESSARY COMPONENTS / ATTACHMENTS. TO APPLY HOT-WORKS WHERE NECESSARY, STRAIGHTEN CHASSIS MEMBERS, REPAIR / RESHAPE DENTED BODY PANELS, IN ACCORDANCE WITH FACTORY SPECIFICATIONS. REPLACE DAMAGED PARTS, REFIT AND ALIGN INTO POSITION. REFIT ALL NECESSARY COMPONENTS / ATTACHMENTS. INCLUSIVE OF THE REPAIR OF REAR CHASSIS SUB FRAME MEMBER.		3,750.00	2,100.00
	TO TRANSFER TRUNK LID MECHANISMS AND ALL ATTACHMENTS.		120.00	80.00
	TO INSTALL REVERSE SENSORS, CONTROL UNIT. RE- CONNECT WIRES HARNESS. CHECK FUNCTION.		180.00	50.00
	TO INSTALL REAR VIDEO CAMERA, CONTROL UNIT. RE- CONNECT WIRES HARNESS. CHECK FUNCTION.		220.00	50.00
	TO SPRAY PAINT REPLACED / REPAIRED BODY PARTS INCLUSIVE OF PREPARATORY WORKS AND PAINTING MATERIALS.		2,800.00	2,000.00
	TO SET VEHICLE ON CHASSIS ALIGNMENT BENCH, INCLUSIVE OF ALL NECESSARY PREPARATORY WORKS.		380.00	320.00
			9,520.00	5,330.00
	GRAND TOTAL		28,201.00	18,243.80

RECOMMENDED COST OF LUMP SUM REPAIRS
(TO ITS PRE-ACCIDENT CONDITION)

Report Ref No. CS3/III17012333/Uvbe2-1

CHUA KANG SENG

Licensed Appraiser